

A Leg to Stand On Study Guide

A Leg to Stand On by Oliver Sacks

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Plot Summary

This memoir relates the experience of noted neurologist and author Oliver Sacks, who, after years of having a position of authority over his patients, experiences a severe injury and discovers what it feels like to become a patient himself. From this new perspective, he examines the healing process and comes to what he feels are some important conclusions about the nature of the physician/patient relationship in general, and of his own injury in particular.

The narrative begins with the author's colorful description of the beginning of his happy, peaceable, trip up a challenging mountain in Norway. He writes of the various plants and vistas he observes, of his confusion at seeing a sign warning him of a bull where, he thinks, no bull is likely to be, and of his confidence that he will both complete his climb and be back at the nearby village well before sundown.

A surprise encounter with the bull, however (which is simultaneously much larger than the author imagined and, apparently, entirely peaceful), triggers in the author a surge of raw fear that sends him racing down the mountain. A sudden and unremembered fall leaves him with a severe injury to his leg which he splints with his never-forgotten umbrella so that he can make his way down the isolated, un-peopled hill to safety. He doesn't get as far as he would like, however, leaving him within sight of the village but not within shouting range, despairing of rescue. Fortunately, he is discovered by a pair of reindeer hunters, one of whom goes for help while the other keeps the author company.

Help soon returns, and the author is taken to the small local hospital, where he encounters the brusque Nurse Solveig and the inspiring Dancing Intern. Initial repair work on his leg results in its being put in a cast and the author being prepared for transport to a hospital in London, where he is to be further treated. In both hospitals, the author is surprised to learn, he is not treated with the respect he feels should be accorded to someone of his status and reputation within the medical community. He feels instead like he has been told most patients feel - like a bother or a nuisance to the medical professionals involved in his treatment. In the meanwhile, as he is feeling useless and ignored, he discovers that his leg is not functioning properly and self-diagnoses nerve damage. The doctors, however, insist there's nothing wrong with him and seem to be paying no attention to his concerns.

As he becomes more and more frustrated with both the lack of healing in his leg and with the lack of evident concern and support from the medical profession, the author makes important discoveries about both his experience of suffering, such as how isolating it is, and of the healing process, including how it takes its own time and its own form. At one point he discovers a connection between the power of composed music and what he calls an "inner" music. A deepening awareness of this last sort of music, he writes, plays a key role in the sudden return of feeling and function to his leg. Eventually, with the help of physiotherapists and other physicians, the author becomes able to leave the hospital and move into a convalescent home. There he is able to



continue the healing process, and at the same time begin the process of transitioning from the relative peace and quiet of the hospital into the much busier, more active and more demanding day to day world.

The book's final chapter details the author's investigations into the history of the strange sense of dislocation and loss he felt in relation to his leg, his discoveries of several recorded instances of other patients experiencing similar dislocations, and his development of several theories about why and how such dislocations occur.



Preface and Acknowledgements

Preface and Acknowledgements Summary and Analysis

This memoir relates the experience of noted neurologist and author Oliver Sacks, who, after years of having a position of authority over his patients, experiences a severe injury and discovers what it feels like to become a patient himself. From this new perspective, he examines the healing process and comes to what he feels are some important conclusions about the nature of the physician/patient relationship in general, and of his own injury in particular.

In the preface, the author describes the initial incident, an injury while climbing a mountain in Norway, that led to his contemplation of his complicated relationship with pain and recovery. In turn, he writes, this contemplation led to deeper and more complex contemplations of psychological responses to physical injuries. In these later contemplations, he adds, he was supported by the friendship of, and a correspondence with, noted neurologist A.R. Luria, to whom he dedicates this book.

An addendum to the preface, written ten years later, adds additional information to the origins of the author's contemplations. He describes how an encounter with an enormous sow protecting her litter triggered memories of the encounter with a bull that triggered the original accident in Norway, and how after the encounter with the sow he sat down to write what is now the first chapter of this book.

Finally, he describes alterations and/or additions made to the book since its original publication.

In the acknowledgements, the author expresses his gratitude "to the physicians, physiotherapists, nurses and others ... when I was an 'impossible' patient", to his editors, and to other individuals who, in his experience, helped him get the book into publishable shape.

The most important element of this introductory section is the sense that the reader gets of the author's character - intelligent, energetic, inquisitive, and thoughtful. All play a key role in defining both the events of the book and the author's reactions to and contemplations of those events and their meaning. Another important element is his reference to his being an "impossible" patient. This is an interesting choice of words given that throughout the book, while he portrays himself as interested (from both a medical and personal perspective) in how he's being taken care of, he also portrays himself as having the same degree of interest that any thoughtful patient interested in the treatment he's being given would have. Is he suggesting that any and every patient is "impossible"? Not likely, but there is a sense in what and how he writes that in his experience and opinion, most physicians would see them as such, and this, it seems is one of his key points: they shouldn't.



Chapter 1

Chapter 1 Summary and Analysis

Chapter one begins with an excerpt from Thomas Mann that speaks poetically of the danger with which "the world of limitless silences" welcomes visitors.

The author describes his cheerful ascent up a mountain overlooking the Hardanger Fjord in Norway on a cool, cloudy day. He describes his feeling of safety and celebration at being alone in nature, the little glimpses of life such as moss, fern and lichen that he catches along the way, and his ignoring of a sign that warns him to "BEWARE OF THE BULL". He writes of his confusion at the idea of a bull actually being so far up the mountain, his continuing up the path, and his shock at suddenly encountering a huge white bull lying across and blocking that path. He describes how at first the bull seemed benign and friendly, but how in his mind, it suddenly became so monstrous and frightening that he turned and fled. He comments on his lack of memory of what actually happened but believes he must have "mis-stepped", for he finds himself fallen, with his leg curled under him strangely and in intense pain.

After moving past the shock of the situation, the physician in the author takes over and he does a detailed physical examination, diagnosing a muscle separated from the bone and probable nerve damage. He realizes he has to get down the hill, uses his habitually-carried umbrella as a splint, and makes his slow, torturous way back the way he came, sliding down on his buttocks, steadying himself with his arms, steering with his good leg.

The author writes, in considerable detail, of his thoughts and feelings during his decent - of surges of memory, of being overtaken by waves of feeling, of falling into the rhythm of an inner music that sustains him over what becomes hours of painful downhill travel. He manages to cross a swiftly running stream, but when he comes to a ridge overlooking the still far away town, he realizes how much further he has to go, and begins to despair that he will make it before nightfall. Just then, however, he is discovered by a pair of father-and-son reindeer hunters. The father goes down to the village to get help and the son stays with the author who, finally feeling safe, falls asleep. He wakes when the father returns with rescuers from the town who carry him off the mountain on a litter, singing quietly as they go.

There are several elements here worth noting. The first is the contrast between the author's essentially carefree attitude and experience at the beginning of the chapter (and therefore at the beginning of the book) and his eventual burdening with a number of significant "cares", such as physical pain, spiritual confusion, moral self-questioning, emotional frustration, as his healing process progresses. The second is the appearance of the bull, which carries with it centuries-old, myth-connected associations of raw physical power, generally associated with untamed, untamable, and almost monstrous nature. There is, in this context, the sense that on some level, perhaps metaphoric,



subconscious or archetypal, the author's injury and the fear that causes the injury can be seen as the response of an individual who tends to be more analytically and scientifically oriented to an encounter with an instinctive, natural, governable power.

Then there is the narrative-contained information about the author's essential character, his determination, mental discipline, stubbornness and sense of self-importance, all of which are foreshadowed in the Introduction and all of which form the essential basis of his attitudes and actions throughout the narrative. Finally, there is his description of the music he hears, or perhaps feels during his descent, the first of two significant occasions in which he relates his physical experiences to a sense of inner music. It's interesting to note that when he writes about his second experience - the surge of inner music that helps him "quicken", as he calls it, into walking - he makes no connection to the surge of music that helped him get down the hill.



Chapter 2

Chapter 2 Summary and Analysis

Chapter two begins with a quote from poet John Donne, who muses about the frustration and indignity of being a doctor's patient.

The body of this lengthy chapter begins with the author's commentary on the almost machine-like efficiency of the process of being registered as a patient at the London hospital where he is to have his surgery. He finds himself in a small but comfortable room which he nicknames The Monad, is reassured by his brother who is a surgeon at the hospital, and muses on whether every patient feels as alienated, almost dehumanized, by the process as he does. His efforts to take a more active, informed role in his own treatment (he is, after all, a physician) are met with firm dismissive-ness, and he is scheduled for surgery with orthopedic surgeon Mr. Swan, with whom he hopes to have a pre-operative chat, but who when they finally meet is brisk and dismissive.

The surgery takes place, and the author writes of being essentially unconscious for two days, of feeling good about having come through it, of feeling even better about having come through the accident, and of the sudden shock when he realizes he can't move the injured leg at all. He is distracted briefly by a party with friends and family, but unsettling dreams leave him wakeful and unrested. After breakfast brought to him by the friendly and compassionate Nurse Sulu, he is visited by Miss Preston, the no-nonsense physiotherapist who, in spite of her best efforts and after attempting a wide range of exercises, is unable to get the author to move his leg on his own. After she goes, the author muses on how dead the muscle in his leg feels. Upon investigating his thoughts and reactions to the situation, he realizes that his leg no longer feels like a part of him and imagining, in fact, that he never had a leg at all. He searches through his memories of his medical training and hospital experience and comes up with a couple of possible diagnoses - his nerves have been affected because of a stroke or he is suffering from Pötzl's syndrome, a rare neurological disorder causing an individual to become alienated from an element of his physical being. He also wonders about whether and how much his entire sense of identity and being has been damaged.

A visit from a beloved great aunt both cheers and encourages the author, leading him to trust in the authority, experience and compassion of Mr. Swan. After another night of bad, vividly imaged dreams and of waking up with both a bad headache and temporarily disturbed vision, the author is hurriedly prepared for an impending visit by Mr. Swan. His hopes for a friendly, informative chat are dashed when Swan hurries in, followed by a large group of students, and completely dismisses his concerns, saying, "You're completely mistaken ... there's nothing wrong with the leg". After Swan leaves, the author writes of his attempts to rationalize his actions, commenting that he's under a lot of pressure and that they were both, in that situation, forced to play a role: "he the role of the All-knowing Specialist, I the role of the Know-nothing patient". A conversation with another doctor, who seems to resent giving the author what seems to be special



treatment, is equally unsatisfactory, especially when the author's requests for neurological testing receive no answer.

The main point to note about this section is the way it introduces and develops one of the book's central themes, the doctor/patient relationship. There is the sense throughout this section, stronger here than anywhere else in the book, that for the first time in his professional career, the author is fully and effectively aware of how it feels to be in the position of being "the know-nothing patient", as he himself puts it. All the medical care-related experiences he describes in this chapter, from his admission to his treatment before and after surgery, essentially define and illuminate this perspective, which later in the narrative tends to get lost in the author's focus on his own healing process and his scientific curiosity about what he experienced (i.e., the alienation from his leg). This is not to say that the thematic exploration of the relationship is unimportant - to the author, it seems to be very important, but of ultimately less overall interest than his scientific curiosity, which, in turn, can be seen as making an interesting point about where the author's professional and personal priorities are. In other words, the question here is whether the author's sense of concern about patient care is going to last and whether it's actually genuine concern or scientific curiosity.

The author's aunt brings a welcome and rare sense of warmth, of genuine humanity and humility, and of wisdom and perspective into the narrative. She is simple, straightforward, honest and genuine, all things that the author, with his tendency towards self-indulgence in feelings, analysis and words, tends to under-experience.



Chapters 3, 4 and 5

Chapters 3, 4 and 5 Summary and Analysis

"Limbo" This chapter opens with a brief quote from the Biblical Book of Job, referring to "the shadow of death" and to being in a place "where the light is as darkness".

In this brief chapter, the author describes how he felt a dark, empty despair and disappointment after the unsatisfactory visit from Mr. Swan, and stayed in the "abyss" of that despair for three days. Eventually, he writes, he came to perceive the "abyss" as a source of patience and healing, of transcendent insight into the mysteries of life and of death. During this period, he adds, he came to better understand these mysteries through reading the Bible which, he asserts, is practically all about the dualities of light and dark, of despair and hope, of fear and triumph.

"Quickening" This chapter begins with a quote from a man named William Harvey, who muses on whether "the first instrument of movement" is the human spirit, or natural causes, "like the movement of the heart".

Following the quote, the author writes of feeling sudden, brief, shooting pains in the damaged leg, pains which were neither voluntary nor, from what he could tell, triggered by any stimulus either internal or external. Meanwhile, he receives the gift of some music (see "Objects/Places") which, he writes, helped lighten his spirits and awaken hope ... the same sort of hope that also awakened when he had one of the spasms of pain. At the same time, he writes of the frustrations of being trapped in bed (see "Quotes", p. 107)

Eventually, the author is taken down to the Casting Room to have his cast changed, and in narration describes his curious objectivity at actually seeing his leg for the first time in two weeks (see "Quotes", p. 98). After being returned to his room and taking a nap, the author is surprised to experience sudden, involuntary movement in his leg, an action that over the course of the next couple of days he becomes able to control. He writes of coming to the belief that not only had the physicality of the leg been damaged, but its will, to move and function ... and with the arrival of the involuntary movements, he writes, both physicality and will seemed to be returning. Finally, he writes of the date being set for him to attempt to walk again (see "Quotes", p. 108).

"Solvitur Ambulando" The quote at the beginning of this section, from the work of the German poet Novalis, states that "Every disease is a musical problem, every cure a musical solution."

In what is essentially a continuation of the previous chapter, the author writes (in considerable detail) about his experience of re-learning how to walk. He describes his continued feeling of dissociation from his leg (see "Quotes", p. 116), a dizzying sense of confusion and misperception of reality and distance, and an overwhelming need to



calculate where the leg is at every second. He writes of the flashing sequence of thoughts and insights that passed through his mind in the moments of hesitation before taking his first step, one of which is the knowing that he must write about his experiences. He then takes that step and, as he continues his stiff, calculated walk, thinks with longing of the time when it was simple.

And then, the author says, he suddenly he became aware of music, both the Mendelssohn concerto and an INNER music with which, he adds, returned a sense of awareness and union with his leg AND recollection of how to walk (see "Quotes", p. 117). He writes of managing a few steps, of feeling the dizziness return, and then of restarting his walk back to his bed. Once there, he says, he was "ecstatic. A miracle seems to have happened. The reality of my leg, and the power to stand and walk again, had been given to me, had descended upon me like grace". He connects this grace with his sense of music (see "Quotes", p. 120) which, he says, transformed him, reminded him of "the quintessential living 'I', lost for weeks but reborn in "the seamless perfect whole" of Grace, "the prerequisite and essence of all doing". The chapter concludes with a definition of the Latin title of the chapter, "solvitur ambulando" - "the solution to the problem of walking is walking". He had had, he says, "the most eventful and crucial ten minutes of his life."

The events of this section form what is essentially a concentration of turning points - in the author's physical healing process, in his emotional / spiritual consideration of that process, and in the recounting of it all. In structural terms, it is the book's climax, the high point of its narrative, emotional, and thematic momentum. There is the very clear sense, in fact, that as he himself says it was also a turning point in his life - perhaps not a climax, but an exceedingly important step along his journey.

The most important component of this turning point is the surging manifestation of music which, in the author's experience, seems to be a manifestation of both his individual and the universal human spirit ... the "grace" that he talks about in Chapter 5. Again, it's interesting to note that the author (fails? neglects? avoids?) making a connection with the surge of music he describes in similar terms in Chapter 1, the inner rhythm and movement that he says played an essential role in helping him get down the hill after his injury.

Meanwhile, a related component of this exploding, shining turning point relates to the contrasting darkness explored by the author in Chapters 3 and 4, the place of instinct and patience and healing that, he realizes, his patient-ship is leading him to both consider and trust. If the potential metaphoric meaning of the bull, as discussed in Chapter 1, is taken into account, it's possible to see that on some archetypal, almost mythic level, the turning point in Chapter 5 could in fact be a manifestation of the mysterious, dark, instinctive, patience-rewarding aspects of nature that the bull can be seen as symbolically embodying. In other words, in poetic or mythic terms, the encounter with the bull foreshadows the author's descent, described here, into a place of natural feeling and experience, of surrender to (and celebration of?) unknowable mysteries.



Chapter 6

Chapter 6 Summary and Analysis

Chapter six is prefaced by a quote from the German existentialist philosopher Nietzsche in which he contemplates the joy and freedom in the healing process.

The author writes at the beginning of this chapter about his celebration at being moved to the next phase of his recovery - convalescence, or restful healing, a transition from the hospital to the daily life of the real world. He describes his daily physiotherapy practices, his occasional attempts to push himself too far, and his resentment at having seeing his recovery described, on his chart, as being "uneventful".

As he is moved from his very small, windowless room to a much larger room with a view of the courtyard, the author realizes the depth and complexity of his confinement. He writes that after being confined in such a small space for such a long time, his perception of distance and visual relationship was constricted and that he had been morally confined as well, restricted to the role of submissive, grateful patient. When he has a colleague-to-colleague conversation with Dr. Swan, he discovers that he has transcended that restriction, and that the man is not the insensitive monster he had believed the doctor to be.

The author rejoices in being outside again, in being in the sun, in moonlight and fog, in being able to connect with his fellow patients, and in being able to fully rest, perhaps for the first time in his adult life. He is transferred to the Caenwood Convalescent Home in Hampstead where, in conversation with his fellow recovering patients, he discovers several shared experiences including a sense of distance and alienation from other, healthier people.

At the same time as he is celebrating daily existence, the author is being challenged by physiotherapists and doctors to move beyond his perceived, fear-defined limitations. He takes his first long walk, with only one crutch, to a nearby tea-house, where he is told by the waitress that the place is always the first stop for people from the convalescent home testing their abilities. The author realizes, over the course of these experiences and through further conversation with his fellow convalescents, that they know more than the doctors think they do, and that physicians (like he is) must open themselves to the experience of being a patient so they can fully understand the affect they have.

When he has his cast taken off for good, the author is pleased to note that the leg it feels perfectly normal. He writes of being allowed to go to services at a synagogue with his family. He also visits a physician in Harley Street in London, who suggests that the author write a book about his experiences, and then good-heartedly tricks him, with the help of an agreeable lifeguard, into swimming as therapy for his leg. These experiences, the author writes, illuminated for him the idea that healing from any sort of injury not only has to include physical, spiritual and emotional aspects, but could trigger



awakenings in all three areas. He realizes the intensity of his experiences, intensity which, after he describes them to his friend Professor Luria, he is told that his discoveries are "most important" and that his story must be told.

There is, in this section, a number of metaphoric resonances between the author's physical and spiritual experiences. In other words, when he writes about a change in physical circumstance - the new room, the new hospital, the renewal of the ability to walk - he is also, perhaps deliberately and perhaps not, also writing about an emotional and spiritual transformation. This goes beyond his own commentary on the relationship between the physical and moral restrictions of the first hospital room. In short, throughout this section as he moves into a broader physical experience of being alive, he is also moving into a broader intellectual and emotional experience of human need, suffering, and healing and, in particular, a deeper experience and/or understanding in what it means to be a patient.

At this point, it might be worth taking a look at the style in which the book is written. To put it positively, there is a strong sense of exuberance about the way in which the author presents his story. Even in describing his moments of despair, fear and darkness, there is the sense that the author enjoys telling the story, enjoys exploring differing ways of communicating his ideas, enjoys words and images and feelings. To put it less positively, there is a strong sense of self-indulgence about the writing, of over-examination, of over writing. As the author himself notes in a footnote, publishers have in the past suggested that his writing benefits greatly from cutting and shaping, and there is the sense here that this book is an example. The point is not made to suggest that the writing is bad, but that because there is such an emphasis on word usage that includes large dosings of medical terminology, the author is on some level undermining, or at least ironically counter-pointing, his stated intent. In other words, in writing the way he does, with a strong sense of intellect and of self-importance, he is, in effect, treating his reader in the same way as he suggests physicians should not treat their patients. While this is evident throughout the book, nowhere is it more so than in the chapter that follows this one.



Chapter 7 and Afterword

Chapter 7 and Afterword Summary and Analysis

The quote at the head of chapter seven is from William James, which suggests that after all the scientific analysis of the present day, future generations will be able to look at nature in a "higher and simpler" way.

In this chapter, written in a much more academically-oriented style and tone than the other chapters, the author describes the initiation of his investigations into, and commentary on, experiences similar to his - a patient's loss of relationship with/awareness of a traumatically injured limb. He writes of being encouraged in his investigations by Dr. Luria, of his surprise at just how many contemporary patients had had similar experiences, and of his even greater surprise at discovering commentary on/analysis of the project in writings of as long as two hundred years before. This leads him to a consideration of the science of neurology - how it evolved, its limitations, and what is necessary for it to evolve into something more effective and with broader scope. He also writes of how his discoveries and beliefs intersect with philosophical explanations of existence, and how he feels that on some level, he now has an understanding of at least some purpose that can arise from his injury. The chapter concludes with a reference to a poem by noted poet T.S. Eliot.

In the afterword, written in 1993, the author describes how, shortly after the first manuscript of this book had been completed, he experienced another fall, another leg injury (this time to the right leg) along with a shoulder injury, and another surgery (this time the anesthetic was local, and he was allowed to watch). He writes of having a similar sense of alienation to that he experienced with his leg while under the anesthetic, and having a third such experience when his shoulder was bandaged too tightly, pointing out that both were shorter in duration and of much less intensity. At first he attributes this to the speed with which the injured limbs were put back to use, but then writes of his curiosity about the deeper reasons for his earlier experience and of his subsequent investigations of the history of neurology, which prove to him how limited contemporary thinking on the subject is. He also writes that his consideration of philosophical perspectives in relation to his questions was inappropriate and a mistake, and of his belief that neurology must take into account the relationship between physical, emotional and spiritual experiences. He writes in quite technical language of the need to create and work with a definition of consciousness that isn't limited to either the clinical or spiritual perspectives but somehow relates to both. He says work has begun on such a definition, with analysts coining the phrases "higher" (comprehension and analysis) and "primary" ("identity, memory, space") consciousness, and argues that the age old separation of body and soul is inhibiting full understanding of how the body works neurologically.



"It is up to neurology now," the author concludes, "to make a great jump ... from the classical, mechanical model it has espoused for so long to a totally personal, self-referential model of brain and mind."

In the first six chapters of the book, the author presents himself as trying to write less like a doctor, not to mention think and feel less like one, and more like a "normal" human being. He doesn't quite make it - there's too much of the clinician and the researcher about him. In the final chapter and the afterword, however, he gives way completely and writes more like a doctor than anywhere else in the book. On one level, this tends to undermine his stated experience of a shift in perspective, and his implied intention to write and research from that perspective. On another level, though, it is simply an expression of who, on some fundamental level, he actually is the possessor of an agile, analytical mind who has occasional flashes of emotional and/or spiritual insight but who ultimately is a thinker and a doer, not a feeler or an intuit-er. The question then becomes whether he is going to be one of the leaders in the transformation of neurological science that he suggests, in his concluding line, is necessary, or whether he, like his leg once was, going to remain unresponsive and inert in the face of increasingly insistent efforts for motion.



Characters

The Author (Oliver Sacks)

Oliver Sacks is a noted neurologist, scientific investigator, physician, and writer. He is perhaps best known for his memoir *Awakenings*, which in 1990 was made into an Oscar-nominated film of the same name. Throughout his practice and writings, including *A Leg to Stand On*, Sacks challenges traditional thinking and practice around neurological science, considering it in relation to a patient's complete state of being and not, as he suggests most neurologists do, as a single isolated element of a patient's life. He is, in other words, interested in the emotional and sometimes spiritual aspects and/or manifestations of neurological function as well as the physical and/or the chemical.

In *A Leg to Stand On*, Sacks undergoes an important and, he would probably say, essential transformation when he experiences, apparently for the first time, medical treatment from the perspective of a patient rather than that of a practitioner. While the narrative focuses mostly on his relationship with and consideration of his injured leg, there are also glimpses of his dawning awareness of the patient's relationship with those treating him, a relationship he describes as submissive, uninformed, and vulnerable. Here it must be recognized that Sacks is not an ordinary patient. As he admits, he has far more personal knowledge of medicine than most patients and is therefore more likely to use that knowledge to challenge, or at least question, the apparently presumed authority, or presumed apparent authority of his physicians. Nevertheless, there is the sense that he is able to transcend that unique aspect to his situation and both perceive and address the broader spectrum of patient experience.

A.R. Luria

Luria was a noted Russian scientist, researcher and writer. He blended anatomical studies of the human nervous system with studies and analysis of human behavior to become one of the founding, defining practitioners of neuro-psychology. He is portrayed by the author as something of a mentor and guide.

The Reindeer Hunters

Following the author's accident on the mountain and his hours-long torturous descent, father-and-son reindeer hunters, whose names are never given, discover him. The son stays with the author and keeps him company while the father goes into the village to get help, returning later with a group of villagers who put the author on a litter (stretcher) and carry him down to the local hospital.



Nurse Solveig, the Dancing Surgeon

Solveig is the beautiful but stiff and formal nurse who is assigned to the author when he first arrives at the hospital in Odda. She is cold, authoritative, distant, and unsympathetic. Also at Odda, the author is visited by a surgeon who literally dances into his room, "flexing and extending each leg ... like a ballet dancer", showing the author a long surgical scar on his leg, and explaining that he had been injured in a skiing accident. He is, in short, demonstrating for the author the possibility that he can heal completely.

Mr. Swan, Miss Preston

After the author is transferred to a larger hospital in London, where he is to have his surgery, he is placed in the care of surgeon Mr. Swan, whom the author perceives as austere and somewhat dismissive. Later, after his recovery, the author, who, it must be remembered, is a physician of some note himself, has a conversation with Swan who is somewhat more forthcoming, but still seems to perceive himself in a position of authority. Also at the hospital in London, the author is visited by Miss Preston, the businesslike but friendly physiotherapist who becomes more and more perplexed by his inability of the author's leg to perform as she assumes it should. Her reaction is the first indication to the author that something about his leg is quite out of the ordinary.

Nurse Sulu

This is the primary nurse assigned to take care of the author during his stay at the hospital in London. He says she is Javanese, friendly, compassionate, curious, and sympathetic - but, at the same time, not afraid or unable to be appropriately demanding.

The Young Man with the Tumor

As the author considers his suddenly strange, dissociated relationship with his leg, he recalls encountering at one point in his practice a patient with a similar experience. The young man in question was eventually diagnosed with a brain tumor that was affecting his neurological processes, but the recollection of the encounter helps the author gain perspective and insight into his own situation.

The Author's Aunt

Shortly after his surgery in London, the author is visited by his aunt, who is never named. She listens to his story and concerns without much response, although she does offer some advice. Before she leaves, she tells what the author suggests are some of the dirtiest jokes he'd ever heard. Her warmth, compassion and humor were, he adds, importantly supportive influences on his mental/emotional recovery.



The Harley Street Doctor and the Lifeguard

During his convalescence, the author pays a visit to a renowned doctor in Harley Street, a mini-community of physicians in London, England, to get a second opinion on both his experiences with his "missing" leg and his recovery. The doctor comments that his experiences with his leg are not uncommon but have also not been documented, and the causes for such experiences have not been examined. He encourages the author to explore both experience and cause and write about it for the potential benefit of both potential patients and physicians. Meanwhile, after hearing about the author's concern about the slowness of his recovery, the Harley Street doctor arranges with a friendly lifeguard to jolt the author into taking a more active role in his recovery.

Weir Mitchell (American), Sir Henry Head (British), Leont'ev

As a result of his research, inspired by the Harley Street doctor, the author discovers writings by these physicians that refer to and analyze similar instances to the author's of limb alienation. In other words, through referencing the work and records of these individuals, the author discovers that he is not alone in his experiences, his concerns, or his interest in researching the condition further.



Objects/Places

Neurological Science

This is the science of the nervous system - brain, spinal cord, nerves, synapses, etc. It is the main focus of both the author's medical practice and his research.

The Mountain

At the beginning of the narrative, the author climbs a mountain overlooking a well known Norwegian fjord. The beauty of both the fjord and the climb can be seen as metaphors for his general happiness and satisfaction with his life before his accident. On the other hand, his tortured journey down the mountain following his injury can be seen as a metaphor for and a foreshadowing of the equally torturous experience of recovery he endures following treatment of his injury.

The Bull

After ignoring a sign to "beware the bull", the author encounters a massive white bull blocking the path up the mountain. While his initial impressions are that the bull is peaceful and while there is no sense from his description that the bull is hostile in any way, the author's perceptions and reactions - in other words, his sudden, surging fear - are the cause of his hasty, reckless flight and, eventually, his accident.

The Author's Leg

The author's left leg is seriously injured in his fall while fleeing contact with the bull. Later, as the extent of both the injury and the necessary healing process become apparent, the leg becomes both a symbol of and focus for the author's frustration and vulnerability. There is also the possibility that the non-reactivity of the leg, its helplessness and uselessness, can be seen as a metaphor for what the author evidently sees as the patient's position in the general or perhaps stereotypical patient/doctor relationship.

The Village (Odda)

The author is taken to this village in Norway by the reindeer hunters when they discover him injured. The hospital in Odda is where he begins his recovery, and where he has his first encounters with the medical professionals who play important roles in his coming to understanding about himself and about the physician/patient relationship.



The Hospital in London

After initial treatment in Odda, the author is transported to an unspecified major hospital in London where he undergoes major surgery in order to repair his badly injured knee.

The Monad

"Monad" is the nickname given by the author to the small, windowless, cell-like room in which he is placed when he arrives at the hospital in London. "Monad" is defined as an individual, definitive, unique unit of existence. He is there for two weeks before he is moved to a larger room with a window and a view.

Music (Mendelssohn's Violin Concerto)

As the author describes it, music in general plays an important role in his recovery, starting when he experiences an "inner rhythm" of music that helps him get down the hill immediately following his injury. Later in the process, music helps him get past his pain and his preoccupation with his leg by reminding him there is more to existence.

A specific piece of music, the violin concerto, is the first, and for a while the only, piece of music he hears during the early days of his recovery. He describes how, as his recovery progresses, the Concerto seems to both awaken and become connected to his own healing spirit and powers.

The Convalescent Home

After several weeks in the London hospital, the author is moved to a convalescent home, the Caenwood Convalescent Home in Hampstead, a London suburb, where he is to spend a few weeks regaining his strength and, as he suggests, transitioning from the isolated, cared for world of the hospital back to the busy-ness of daily life.

Hampstead Heath

The Caenwood Convalescent Home is near Hampstead Heath, a large park space and nature preserve. The author describes his frequent childhood visits to the Heath, and how recollecting both the facts and the feelings of those visits helped him connect with joy, peace and freedom during his convalescence.



Themes

Self Discovery/Connection with the Self

Generally speaking, the events of the narrative are focused on/defined by external situations - the author's encounter with the bull, his accident, the injury to his leg, the reaction of medical professionals, the atmospheres of various medical facilities, including the two hospitals and the convalescent home. The commentary and/or analysis of those events are, again generally speaking, focused on and defined by internal reactions to and/or analyses of those situations - the author's fear of the bull, his determination to survive the accident, and his reactions to his injured leg, to the medical professionals treating it, and to the facilities in which that treatment occurs. Both external and internal circumstances, however, lead the author to consideration, and writing about, what he comes to believe is the deeper meaning of the accident, its triggering of a deeper connection to, and awareness of, the entirety of the human self, the relationships between the physical, emotional, and spiritual aspects of existence.

This is the book's central thematic perspective, the idea that a considered, conscious reaction to a set of traumatic circumstances - physical, emotional, spiritual or any combination thereof - can lead to a process of deepening self-insight, or at the very least a broader self-awareness. This awareness, the book further suggests, can manifest in a number of ways. Perhaps its most evident contention is that by opening oneself to new experiences, no matter how painful, and by doing so with an attitude of trust, an individual can experience a sense of both personal power and connection with forces outside of the range of that power. An example of the latter is the author's relationship with music and its healing power. An example of the former (of personal power) is what seems to be one of the book's secondary themes - the power of a patient within the doctor/patient relationship.

The Physician/Patient Relationship

There is the sense throughout the book that the author is, for the first time, truly and consciously experiencing what it's like to be a patient moving through the medical care system. He finds himself in a position he has apparently heard of, sometimes from his own patients, but just as apparently has never lived through - that of submissive, unquestioning, entirely trusting pilgrim at the shrine of medical wisdom. Being in this position, he discovers, is both uncomfortable and disrespectful, in that he comes to feel like he's not allowed to be an active, or at least an informed, participant in his own healing process. Granted, his reaction is based in part upon his own medical expertise - he's frustrated by the lack of attention paid to either his insights or his opinions/diagnoses. It seems, however, that he is able to get past his feeling of being professionally slighted to realize there is a universality to his experience of being personally dismissed.



It's possible to see the author's leg injury and his reaction to its trauma as a metaphor for his experience of the doctor/patient relationship. He, and he suggests other patients, feel as cut off, as separate, as alien to the healing process as the leg feels to him. In this context, then, it's also possible to see additional layers of metaphorical meaning in the book's title. On one level, the title can be seen as evoking how a patient feels that s/he doesn't have "a leg to stand on" when dealing with the medical profession. On another level, and perhaps on the flip side of the coin, the title can be seen as suggesting that every patient has the right and the responsibility to find the courage to give themselves "a leg to stand on" when it comes to the doctor/patient relationship; in other words, to stand up for themselves.

The Human Mystery

While he never actually comes out and says as much in his narration, there is the sense that the author is, on some level, both exploring and describing some of the great unknowns at the core of human existence - specifically, questions of why and how human beings experience what they do. He wonders, for example, about whether he may have been "given" this opportunity to experience what he did, both in terms of the injury and his treatment, in order to gain knowledge that could in turn benefit others. And when he writes about his experience of music, he refers to how music in general and the Mendelssohn concerto in particular helped him connect with the "music" in his own soul, the "music" of his own existence, the sort of music, he supposes, at the core of everyone's existence. In either case, he offers no concrete, definitive, certain reasons or insights into why what happened happened or how, exactly, music connected him to his previously dormant healing process. He just makes the point that the possibilities are there.

It's interesting that these insights are juxtaposed throughout the book, and particularly in the final chapter, with a powerful sense of rationality and of a dependence upon scientific evidence for support. In other words, in both his life as a whole and in this particular book, the author seems to be striving to find and/or define the balance between what is rational, scientific and provable and what is spiritual, intuitive and subjective. It's important to note, however, that there is the very clear sense that for the author, both rational and spiritual sides of his personally-lived life equation (and, by extension, the equations of humanity in general) are both wonderful, both sources of truth, and both triggers for awe.



Style

Perspective

The author had, even prior to the accident that gave rise to the writing of the book, an interest in the broader scope of the patient experience, of the emotional and spiritual aspects of healing that extend beyond those of the strictly physical. His reason for writing the book is an extension of this interest, a perspective connected to a trio of realizations resulting from his accident and its treatment.

The first realization is that his so-called "expertise" is limited, that he understands a great deal about certain aspects of the healing process but doesn't fully understand enough. The second realization, triggered by the first realization and also by experience, is that the expertise of other physicians is also limited, as is possibly the expertise of the profession in general. The third realization is that the nature and function of the healing process seems to go far deeper than the expertise of any of them have hitherto allowed for. In short, there is the very clear sense that the author's intended audience is his fellow physicians, and that he is writing to wake them up, in the same way as he was wakened up, to awareness that it's not just their patients bodies that are affected their work and attitude.

This sense of intended audience emerges not only from the author's specific assertions to that effect, but also as the result of the author's writing style, the tone in which much of the book is written.

Tone

There are a couple of noteworthy tonal qualities about *A Leg to Stand On*. The first is the previously discussed emphasis on medical jargon/terminology, which gives the writing an air of "textbook" or "thesis". In some ways, the book feels as though it is a lecture or presentation to a gathering of like-minded colleagues, or rather colleagues that the author thinks should be like minded. There is the sense, in fact, that in order to prove his point (that patients must be treated more like full-blooded human beings, as opposed to simply objects of study and/or treatment), the author feels as though he has to address his audience in their language. This may well be an important, not to mention necessary, tactic for getting the book's target audience to alter their ways of thinking. On the other hand, also as previously discussed, there is considerable irony in the fact that while he's urging his colleagues to treat his patients like human beings, he's writing exactly like the sort of person he's trying to change.

The other noteworthy tonal quality at work here is a sense of fullness and richness, at times almost poeticism, in the language that occasionally veers close to excessive and melodramatic. At times, this expanse of language comes across as enthusiastic, at other times like a manifestation of the intensity of the experience the author is writing



about, and at still other times (the majority, in fact), like the author is being self-indulgent. There is irony here as well, in that one of the author's anecdotes focuses on commentary he once received from a publisher that enforced editing did "wonders" for his style. The reader, at times, can't help but wonder whether similar editing might do this particular book some good as well, since at the moment the author's stylistic and narrative choices seem as though they might be veering dangerously close to alienating the reader. In other words, there is the very strong sense that ultimately what he's doing is all about him, and not necessarily his fellow patients.

Structure

The general structure of the book is linear, with the narrative of events moving in a straightforward fashion. This movement tracks from what is often described in terms of literary analysis as an "inciting incident" (the encounter with the bull and the accident) through "complication" (the hospital stays, the surgeries), through "climax" (the return of his ability to walk), to "denouement" or "resolution" (his determination to study his experience and other examples of it). In other words, the book's structure is classic storytelling, pulling the reader into the subjective world and experience of the work.

For the most part, this structure functions effectively, taking the reader along for the ride on the author's journey of physical healing and emotional, spiritual and intellectual transformation. There is the sense, however, that the reader's journey derails, that the author's thematic and narrative intents - to awaken awareness of the deeper levels of human experience evolved in injury and recovery - shift direction in the final chapter. In contrast to the other, more subjectively narrated content and style of the other six chapters, chapter seven and the Afterword, both read like a summary of a research paper or thesis rather than a memoir, which the first part of the book clearly seems to be. Full of academic references and commentary, chapter seven and the Afterword simultaneously and definitively identify the author's intended audience as more academic than general, and undercut the book's overall appeal to a more general audience. In other words, and in structural/stylistic terms, the author starts as a human being and ends as a doctor. This is a direct reversal of what he says he experiences, which is starting as a doctor and becoming more of a human being, and also what he seems to be saying is his intent, which is explaining the importance of such a movement to his fellow physicians.



Quotes

"I found the abyss a horror, and recovery a wonder; and I have since had a deeper sense of the horror and wonder which lurk behind life and which are concealed, as it were, behind the usual surface of health."

Preface, ix.

"To be full of strength and vigor one moment and virtually helpless next ... with all one's powers and faculties one moment and without them the next - such a change, such suddenness, is difficult to comprehend, and the mind casts about for explanations."

p. 4

"The organism, the nervous system, has an immense repertoire of 'trick movements' and 'backups' of every kind - completely automatic strategies, which are held 'in reserve'. We would have no idea of the resources which exist in potentia, if we did not see them called forth as needed."

p. 10

"There was something impersonal, or universal, in my feeling. I would not have cried 'Save ME, Oliver Sacks!' but 'Save this hurt living creature! Save LIFE!', the mute plea I know so well from my patients - the plea of all life facing the abyss, if it be strongly, vividly, rightly alive."

p. 15

"One becomes subject to institutional rules and regulations. One is no longer a free agent; one no longer has rights; one is no longer in the world at large. It is strictly analogous to becoming a prisoner, and humiliatingly reminiscent of one's first day at school. One is no longer a person - one is now an inmate."

p. 27

"I had lost something - that was clear. I seemed to have lost my leg - which was absurd, for there it was, inside the case, safe and sound - a 'fact'. How could there be any doubt in the matter? And yet there was. On this very matter of having or possessing a leg, I was profoundly doubtful, fundamentally unsure."

p. 52

"I could no longer remember having a leg. I could no longer remember how I had ever walked and climbed ... there was a gap - an absolute gap - between then and now; and in that gap, into the void, the former 'I' had vanished - the 'I' who could thoughtlessly stand, run and walk, who was totally and thoughtlessly sure of his body ..."

p. 63

"You're going to have to be very clear and strong and bold. You're also going to have to bow your head, and be humble, and acknowledge that there are many things which pass the understanding. You must be arrogant - and you mustn't be abject."

p. 67



"How often had I myself, as a physician, mysteriously stilled the apprehensions of my patients - not through knowledge, or skill, or expertise, but simply by listening. I could not give myself repose, I could not be physician to myself, but another could. Swan would, tomorrow ..."

p. 70.

"Outwardly, then, there was soundlessness and noise, and inwardly, simultaneously, a deadly inner silence - the silence of timelessness, motionlessness, scotoma, combined with the silence of non-communication and taboo."

pp. 85-86

"Science and reason could not talk of nothingness, of hell, of limbo; or of spiritual night. They had no place for absence, darkness, death. Yet these were the overwhelming realities of this time."

p. 89

"The music seemed passionately, wonderfully, quiveringly alive - and conveyed to me a sweet feeling of life. I felt, with the first bars of the music, a hope and an intimation that life would return to my leg - that IT would be stirred, and stir, with original movement, and recollect or recreate its forgotten motor melody."

p. 93 94.

"It wasn't a real leg, not a real thing at all, but a mere semblance which lay there before me. I was struck by the beautiful, almost translucent, delicacy of the limb; and I was struck by its absolute, almost appalling, unreality. It was exquisite, lifeless, like a fine wax model from an anatomy museum."

p. 98

"The posture, the passivity of the patient lasts as long as the doctor orders, and its end cannot be envisaged until the very moment of rising. And this moment cannot be anticipated, or even thought of, even hoped for. One cannot see, one cannot conceive, beyond the limits of one's bed. One's mentality becomes wholly that of the bed, or the grave."

p. 107

"Had I ever faced a more paradoxical situation? How could I stand, without a leg to stand on? How could I walk, when I lacked legs to walk with? How could I act, when the instrument of action had been reduced to an inert, immobile, lifeless, white thing?"

p. 108

"It wasn't 'my' leg I was walking with, but a huge, clumsy prosthesis, a bizarre appendage, a leg-shaped cylinder of chalk - a cylinder, moreover, which was still constantly altering, fluttering, in shape and size, as if I was operating a peculiarly clumsy, and unstable, robotic contraption, an absolutely ludicrous artificial leg."

p. 116

"And walk I did - despite weakness, despite the cast, despite crutches, despite everything - easily, automatically, spontaneously, melodiously, with a return of my own



personal melody, which was somehow elicited by, and attuned to, the Mendelssohnian melody."

p. 117

"Music ... was a divine message and messenger of life ... "the quickening art" ... quickening my soul, and with this my body, so that suddenly, spontaneously, I was quickened into motion, my own perceptual and kinetic melody, quickened into life by the inner life of music. And in that moment ... the flesh became music, incarnate solid music."

p. 120

"Now the time for thinking was over, and the time for doing had come ... I would return to my body, my being, the world, to the special adventure of convalescence and rebirth; I was to come alive again, and know life, as never before."

p. 125

"Recovery is events, a series of wonderful, unpredictable events; recovery is events or rather advents - the advent of new and unimaginable powers - events, advents, which are births or re-births."

p. 125

"... I realized such regression was universal. It would occur with any immobilization, illness, or confinement. It was an unavoidable, natural shrinking down of existence, made both bearable and untreatable because not realizable ... how could one know that one had shrunk, if one's frame of reference had itself shrunk?"

p. 129

"...we were set apart, we patients in white nightgowns, and avoided clearly, though unconsciously, like lepers. Nothing gave me such a sense of the social caste of patients, their being out-cast, outcasts, set apart by society: the pity, the abhorrence, our white gowns inspired - the sense of a complete gulf between us and them, which courtesy and ceremony served only to emphasize."

p. 134

"Who cared if there was really any Being to pray to? What mattered was the sense of giving thanks and praise, the feeling of a humble and grateful heart."

p. 139

"They were all much wiser than the doctors who treated them. There is among doctors, in acute hospitals at least, a presumption of stupidity in their patients. And no one was 'stupid', no one is stupid, except the fools who take them as stupid."

p. 141

"...one must oneself be a patient, and a patient among patients, that one must enter both the solitude and the community of patient-hood, to have any real idea of what being a patient means, to understand the immense complexity and depth of feelings ... and the thoughts evoked, even in the simplest practical minds, because as a patient



one's experience forces one to think."
p. 142

"There was none of the alienation which had so shocked me four weeks before. The leg was clearly alive, clearly real, clearly flesh, clearly mine, with only a slight vagueness or oddness about the knee."
p. 157

"Now, as never before, I found relevance in the scriptural symbols and stories. I felt that my own story had the shape of such a universal existential experience, the journey of a soul into the underworld and back, a spiritual drama - on a neurological basis."
p. 159

"A whole life, a whole universe, had been compressed into these weeks: a density of experience neither given to, nor desired by, most me; but one which, having happened, would refashion and direct me."
p. 165

"While I was in hospital I was a patient, perplexed and afraid, struggling to come to terms with a personal predicament. Now I could become a physician and investigator."
p. 167

"... this seems to be the case with classical neurology in general - that, in striving to establish a rigorous science of function, it must exclude any observations beyond the realm of function."
p. 174

"...on the final day of my recovery, I had a feeling, an intimation, of strange vistas. They reached forward to the unimaginable future, and at the same time seemed to reach back to my earliest thoughts and feelings. So my journey has led both forwards and backwards - but this seems to be the nature of thought, that it leads to its own starting point, the timeless home of the mind."
p. 182

"And the end of all our exploring / Will be to arrive where we started / And know the place for the first time."
p. 182



Topics for Discussion

Examine the suggestion in the analysis of chapter one that the author's encounter with the bull has metaphorical, archetypal resonances. In this context, discuss ways in which the encounter with the bull foreshadows the author's encounter with his equally unpredictable, equally fear-inducing, equally "monstrous" leg.

Recall your experiences of the patient/physician relationship, either in terms of a particular injury or general practice. In what ways do your experiences echo those of Dr. Sacks? In what ways were they different? Do you agree or disagree with his contention that for the most part, physicians set themselves up as somehow superior while patients set them up as somehow submissive?

Discuss ways in which the quotes at the beginning of each chapter seem to reflect that chapter's content, either literally or metaphorically.

Discuss ways in which the attitudes of the five primary medical professionals encountered by the author (Nurse Solveig, the Dancing Surgeon, Mr. Swan, Miss Preston, Nurse Sulu) reflect different aspects of the medical profession's attitude towards and treatment of patients.

Discuss ways in which music in general, and a particular piece of music, have played important roles in triggering some sort of physical, emotional or spiritual process of transformation in your life and experience.

Discuss the specific ways in which the author's expansion of physical experience in chapter six metaphorically relate to and/or illuminate the expansion of his insight into what it means to be a patient and indeed, of being a human being.

Examine your memories and/or experiences of recovery, either from serious illness or injury. If you don't have a personal experience of such a recovery, examine what you know of someone else's. In what ways did experiences of feeling and/or spirituality manifest? In what ways did you move beyond those feelings? In what ways did your personal perspectives on life and living change?