

# Jane Austen on Memory; Anton Chekhov on Agnosia

The observations and insights which artists and writers may have concerning neurological phenomena have previously been discussed.<sup>1,2</sup> Two further examples, of possible relevance to the discipline of neuropsychology, are presented here.

## Jane Austen on Memory

Jane Austen (1775-1817) remains one of the most popular novelists in the English language nearly 200 years after her death, but the author and her works seem to have attracted relatively little interest from members of the medical profession. One exception relates to the cause of her death: based on her correspondence, Cope believes her to be the first recorded case of Addison's disease of the adrenal glands.<sup>3</sup> However, a reading of her novels suggests various insights into the human condition, for example memory.

It has been argued that Jane Austen's "tenacious memory" was crucial to her art, allowing her to draw on the works of authors she knew well, such as John Locke, himself a physician as well as a philosopher (*Northanger Abbey*), Richardson and Milton (*Sense and Sensibility*, *Pride and Prejudice*, *Mansfield Park*), Shakespeare (*Emma*) and Chaucer (*Persuasion*).<sup>4</sup> Perhaps the most striking comment on the nature of memory in Jane Austen's oeuvre is given to Fanny Price in *Mansfield Park* (1814), a character of whom it has been said that memory is "her personal identity, her lifeline", in a work described as "the book of Memory".<sup>5</sup>



If any one faculty of our nature may be called more wonderful than the rest, I do think it is memory. There seems something more speakingly incomprehensible in the powers, the failures, the inequalities of memory, than in any other of our intelligences. The memory is sometimes so retentive, so serviceable, so obedient - at others, so bewildered and so weak - and at others again, so tyrannic, so beyond controul [*sic*]! - ... our powers of recollecting and of forgetting, do seem peculiarly past finding out.

To a neurologist with an interest in cognitive disorders, this passage, written before neuropsychology as a discipline came into existence, seems prescient in various ways. It seems to recognise memory as a faculty of variable efficiency, and also to anticipate ("inequalities") its characterisation as a non-uniform distributed cognitive function, fractionated into various domains or subtypes (e.g. immediate, long-term; explicit, implicit; episodic, semantic), selective impairments of which may occur. The difficulty of dissecting out the various capacities of memory is also recognised.

Although we are rightly discouraged from trying to intuit mental processes in favour of an experimental methodology,<sup>6</sup> nonetheless Jane Austen's understanding of memory, as in so many other spheres, seems pertinent even today.



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## Anton Chekhov on Agnosia

2004 marked the 100th anniversary of the death of Dr Anton Pavlovich Chekhov (1860-1904).<sup>7</sup> Although best known for his plays in the realist genre, Chekhov also performed significant medical work, not least his 1890 visit to the island of Sakhalin whence he reported on the social and medical conditions of the penal colonies located there.<sup>8</sup>

Chekhov's plays often feature a doctor, and in most there is also a character who looks forward to a bright future destined not for himself but for the generations to come. It has been suggested that Doctor Astrov in the play *Uncle Vania* (first performed 1899) voices some of Chekhov's personal thoughts.<sup>9,10</sup> Although Chekhov once famously stated that "medicine is my lawful wife"<sup>11</sup> and that he never regretted his choice of career, nonetheless Astrov states of medicine:

The life itself is tedious, stupid, squalid .... This sort of life drags you down. You're surrounded by queer people - they're a queer lot, all of them - and after you've lived with them for a year or two, you gradually become queer yourself, without noticing it. That's inevitable.

A century on, Chekhov might be interested to see what remarkable progress has been made in medical life.

With his medical training,<sup>10</sup> Chekhov was perhaps alert to defects in human cognitive function. In the short story *The Kiss*, first published in 1887, this passage appears:

When he first entered the dining room and sat down to tea, he found it impossible to concentrate on any one face or object. All those faces, dresses, cut-glass decanters, steaming glasses, moulded cornices, merged into one composite sensation, making Ryabovich feel ill-at-ease, and he longed to bury his head somewhere. Like a lecturer at his first appearance in public, he could see everything in front of him well enough, but at the same time he could make little sense of it (physicians call this condition, when someone sees without understanding, "psychic blindness").

Although when we consider the history of agnosia, we typically think of Lissauer's distinction of apperceptive and associative types, drawn in 1890, he in fact talked of *Seelenblindheit*,<sup>12</sup> literally "soul-blindness" but technically "psychic blindness" (a term also used by Munk in 1877).<sup>13</sup> It was not until the following year that Sigmund Freud, previously a pupil of Charcot, coined the term "agnosia" ("not knowing" or "without knowledge").<sup>14</sup> There were other, earlier, descriptions relevant to these phenomena which Chekhov might possibly have been aware of: Bastian described "visual perceptive centres" in 1869, Finkelnburg "asymbolia" in 1870, and Hughlings Jackson "imperceptions" in 1876.<sup>13</sup>



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