Memory lane

An intimate portrait of a famous amnesiac is also a tale of personal grievances

By Laura Stark

Stories are made, not discovered, and journalist Luke Dittrich is a master of his craft. In Patient H.M., Dittrich stitches a history of memory science with the golden thread of his own family drama—a thread that frays at the end into personal vendetta. The book is an intricately plotted story of “heroes and villains” orbiting around the patient known as “H.M.”

Henry Molaison was born in 1926, was diagnosed with epilepsy as a child, and spent most of his life around Hartford, Connecticut—graduating from high school and working blue-collar jobs until age 27. In 1953, he and his parents decided he should undergo a treatment for epilepsy that was considered experimental but promising at the time: brain surgery. The neurosurgeon who operated on Molaison was Dittrich’s grandfather, William Beecher Scoville, a man underlings called Wild Bill. During surgery, he had expected to pinpoint the area that caused Molaison’s seizures but was unable to do so; he opted nonetheless to remove both of Molaison’s medial temporal lobes. After the surgery, Molaison could not create new memories.

To his credit, Dittrich avoids the easy “villain” narrative. He can have a subtle moral imagination that appreciates the humanity even of people often cast as bad guys. “None of us are all light or all dark,” he writes, “and most of us are both at once.”

Scoville’s impulse decision debilitated Molaison, but it also made him into “H.M.”—an invaluable human subject for scientists, his brain an irreparable natural experiment. Scoville partnered with leading neuroscientists at McGill University, and the team published path-breaking studies on memory and amnesia through the 1950s and 1960s, based on continued work with Molaison.

When, after two decades, interest in Molaison waned at McGill, Suzanne Corkin, then a graduate student in the lab, adopted the project as she began a new faculty position at MIT. Corkin built her career around research on Molaison, and when he died in 2008, she coordinated the donation of his brain to a tissue bank. In 2013, she published a well-received memoir of her career with Molaison, Permanent Present Tense.

As Dittrich recounts this history, he braids in adventure stories from generations of men in his family: his grandfather’s stunt dive from the George Washington Bridge, his great-grandfather’s saddle of a fatal bullet, his grandfather’s grandfather’s seductions from the pulpit, and his own hike to pyramids in Egypt, bullfight in Mexico, and paramour in Ecuador, to name a few. If these stories sound tangential, that is precisely Dittrich’s point: “One of the things our brains do, constantly, unconsciously, whether we like it or not, is make connections.” Stories are those crooked connections that people put into language and mold into narrative form.

Dittrich’s adventure stories bustle with intrigue and derring-do. But the book’s exhilarating moments really come when he stays on topic and stretches his perspective—amplifying Molaison’s voice from study transcripts or inhabiting the mind of his own grandmother, slowly revealing that she is schizophrenic.

It seems inevitable that the book will be compared to the patient biography The Immortal Life of Henrietta Lacks. But, while Dittrich is an exceptional writer, he focuses his talents in the last half of his book on a takedown of rival author Suzanne Corkin, missing opportunities to turn his own family story into one of more universal scope.

In 2010, Dittrich published his first piece in Esquire. It was about his grandfather and H.M., and it reappears in this book. For the article, Dittrich contacted Corkin, who was an old friend of his mother and still at MIT, requesting to interview this yet-anonymous patient and asking her to share study records. She hedged, he persisted, and eventually MIT agreed to share materials but with restrictions on private health information and commercial use—terms that seem conventional in the context of modern medical law but that Dittrich found “bizarre and somewhat unsettling.” Dittrich’s forgivable looseness with historical detail in earlier sections takes its toll here and in other episodes as he struggles to extend his moral imagination to Corkin.

Dittrich only reveals at the end that Corkin was writing her own book on H.M., which recasts his story up to that point in a new light. It helps make sense of his eagerness to see her actions as personal slights, character flaws, and bad science rather than symptomatic of broken systems. It is a pity, because his sense of personal grievance narrows him into a story about a uniquely menacing scientist rather than a universal story of the legal and institutional ties that bind even well-intentioned people.

Midway through this beguiling book, Dittrich learns that his grandfather may have done brain surgery on his schizophrenic grandmother. Dittrich closes the book with a transcript from his key source for this information, an elderly doctor who, Dittrich suggests, has amnesia himself. The book aims to show that memory is always selective, partial, and open to new interpretation—that all narrators are a bit unreliable. In the end, Patient H.M. is a story about how stories can never, finally, be trusted.

REFERENCES AND NOTES

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