

Sample translation

Anyone in There? The fascinating domain of neurosurgery
by Bert Keizer
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- The fiction pages at the foundation website: www.nlpvf.nl/nf/

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Chapter ten Brain as glasses

I'm reading Anthony Beevor's *Stalingrad*. With some discomfort, since I wonder what sort of curiosity it is that makes me so keen to know how terrible it was there. The effect is wretched too, because at night in my dreams, with a hunted sensation, I roam the exploding ruins. In one dream the set-up was altogether different. Somewhere along the edge of the goriest battlefield in history lay a tunnel of thick plexiglas, the kind you find at some public aquaria, and historians were being led through it so they could observe hell without being in any danger themselves. I felt slightly embarrassed at this form of disaster tourism, with its rather transparent attempt to gain cachet by elevating observers to the status of 'historians'.

A nice new take too on the plexiglas tunnel inside which I imagine myself walking through the Stalingrad of neurosurgery.

In the dream I wasn't afraid the plexiglas would give way, which is something I worry about in zoo aquaria, so that the tiger shark etcetera.

And the fear that the tunnel-glass will break is certainly a feeling I have in neurosurgery. 'Ask not for whom the bell tolls.'

On our daily visit to the ICU, Mr Pordzick doesn't look at my outstretched hand. He glances at me when I start speaking, but even before I've finished my sentence his eyes have wandered off again. He's hooked up to far fewer tubes today. They've taken the unpleasant label 'bone flap removed l. & r.' off his forehead. It struck me as a purely academic exercise anyway, since from ten metres it's perfectly plain, in bone-flap terms, what's happened to his forehead.

Pordzick is wide awake, but you wonder just what his consciousness contains. His facial expression is mildly interested. I don't think he's got enough broom left, intellectually speaking, to sweep everything that's in there together. Might he still dream? Might he still remember his dreams? Has the content of his consciousness become a whirl of snapshots?

Does he still experience himself as one indivisible whole?

Because somewhere in our minds, that's what we are: one.

Even though we haven't the remotest idea how it works, and even though countless other things go on in our brains in the meantime without our noticing, the fact is that the information processing our brains carry out culminates in a perception or pronouncement by a single 'person'.

When you stand in an electricals shop, facing one of those walls of TV screens with something happening on every screen, simultaneous TV watching is impossible. You

always do it consecutively. The same goes for the simultaneous chess or draughts player. Strictly speaking he's not playing twenty matches at once; he just keeps looking in on one or other of the twenty matches that are happening side by side.

That's why I fail to understand the autistic man who inspired the film *Rain Man*. I've heard he can read two pages of a book at the same time, each of his eyes independently scanning a page.

What does he do if at the top left it says: 'Hank missed the bus' and top right: 'Three days after Hank's funeral Gerda suddenly leapt to her feet'? If he reads on, left and right, he's saddled with both a dead and a living Hank, and not in the context of a resurrection or anything of that sort.

Our brains have an almost fanatical tendency to present the world as a cohesive whole, with nothing, or as little as possible, to suggest we've spent days, sometimes years, gleaning material that we can assemble together to be in a position to say: 'I see you've had the shed repainted.'

This involves playing fast and loose with the material on offer, as becomes clear when we look at the goings on around the blind spot on our retina, the place where there are no light-sensitive cells and we register nothing, where we therefore ought to 'see' a colourless (?) hole. Instead it's neatly plastered over and we never catch sight of it. Work is underway all the time to fill the lacuna, so that it's no more visible on a white wall than on a green or red one. With each new situation that arises a matching patch is held over the hole, you might say. Now, to cover this one spot is a trifling achievement, but it indicates the intensity of the messing around that's involved in the production of what we call 'seeing'. By 'messing around' I mean the neuronal activity required.

Any number of things go on inside our heads of which we haven't the slightest suspicion. We don't experience ourselves as brain-directors, yet we do assume we're running the show. In actual fact, though, we're more like the little boy in the back of the car turning a steering wheel attached to the driver's seat, delighting in the illusion that he's driving the car.

What I wonder as I look at Pordzick is whether deep inside his broken-down brain he's still sitting on a back seat somewhere, steering.

There's one example I know of brain damage giving rise to a fearful vision about a disastrously divided whole. I came across it in a work by Frigyes Karinthy, *A Journey Round My Skull*, in which the author tells of his experiences with a brain tumour. Karinthy (1887-1938) was a prominent Hungarian writer, known among other things for his satirical humour. The description of his tumour experiences dates from 1936. He survived for two years after surgery, which was performed in Stockholm by Herbert Olivecrona, a pupil of the renowned brain surgeon Harvey Cushing.

Shortly after the operation, Karinthy dreamed he was trying to restore some order to his mental affairs. At that time he was haunted by one dream in particular:

I was a big, black dog, a cross, it appeared, between a retriever and a Great Dane, but only one side of me was complete. That was why I was galloping through the night towards Trelleborg. At Trelleborg the train had cut me in half from head to tail, and the remaining portion of me was galloping with a feverish eagerness along the railway line, so that I could find my lost half at Trelleborg before it was too late, and while a spark of life still remained in it. As I ran I was making cold, yet desperate calculations. I knew that the train journey here had lasted exactly nine and a half hours. A dog might perhaps run the same distance in fifteen hours. Of course, I had to take into consideration the fact that I was running on two legs only – the front and back legs of my left side. This, however, had the advantage of giving me only half the weight to carry. One blessing was that, my only eye being on the left, I could not see the horrible, lacerated surface of my other side, which would have caused me to faint and have stopped me from running on. (translation Vernon Duckworth Barker)

The dream describes his inner conflict through the disconcerting image of a dog sliced lengthways, searching for the half of itself that's been cut away. We could certainly refer to this as *Traumarbeit*, the dream-work that accompanies the removal of a brain tumour. Because you can't help wondering what they do with the brain tissue that's been surgically removed. And what its owner, its ex-owner, thinks about that.

Nevertheless, paradoxically Karinthy manages to preserve his personal unity by attributing no experiences at all to the half-dog left behind in Trelleborg.

In hospital I've never come upon such a beautifully depicted, haunting image of the process of dealing with brain-tumour surgery. When I ask them, neither have surgeons, although they haven't been in a position to sift through every diary or story written by a patient, in search of diabolical visions.

I don't believe Karinthy's experience is unique; what's unique is his writing talent, which enables him to follow all the movements and deliberations of that running half-dog with almost unpleasant precision. But does that mean he made it all up? No, he didn't. Although... writers.

As far as the business of reporting on the content of your own mind goes, it's quite beyond most of us even to recount the ins and outs of an intact brain, let alone to be able, or willing, or courageous enough to do it from within a half-destroyed one.

Mr Zandhuis, the man who fell while out looking for his cat, is still in the ICU. Sander consults with the IC doctor about his condition. The situation at home isn't easy. His wife has dementia. She's been taken in by one of the sons, but that's only a temporary arrangement.

He lies there so weak, so out for the count and hopeless that I feel it must be wrong to continue medical treatment. But I've come here to look and to listen, not to keep

tripping everyone up with my scepticism. Sander reacts to the look on my face nonetheless, when our eyes meet for an instant during his neurological examination.

'I know. Sometimes brain surgery is truly dismal. They often arrive in such a bad way that they're still pretty wretched when it's time to leave the place.'

With Mrs Verbrugge, of the three cancers, I meet her husband. He's eighty-six and he comes here from Bussum every day by public transport. It's almost more than he can manage. The children?

'They have their own lives.'

Although he's fifteen years older than his wife, he looks younger. He used to run a little neighbourhood shop. Along with her. Naturally she's pleased when he visits. A neatly turned out man, he's spruced himself up, agreeably aware of his appearance and interested enough to make an effort. Compared to him, in his dark suit, she actually looks a bit grubby. He sits slightly too far away from her for my taste. A afraid snot with hard bits will end up on his suit, because sometimes she coughs loudly and messily and indeed sprays profuse quantities of stuff of all sorts in every direction.

I advise him to try some yes/no communication. He shrugs and sets about demonstrating the uselessness of my advice. His wife is somewhat agitated when I come to sit with them; impotently furious would be a better description.

'Do you want me to stay?'

'NO.'

'Do you want me to go home?'

'NO.'

'Should I call the doctor?'

'NO.'

'Should this doctor leave?'

'NO.'

'Shall I ring Trudy?'

'NO.'

We quickly stop, because this isn't getting us anywhere.

In the corridor he says to me: 'She's terribly scared of death. Always was. No, she doesn't believe anything. Except that she doesn't want to die!'

Mrs Koole, of the Closing Curtains, is dry. Which is to say that fluid is no longer leaking and she can go home. The lung cancer is still there, of course, but she's reasonably content about the operation.

'I can see enough, really I can,' she assures me, and with a glance at Verbrugge and his wife: 'Too much in fact. It's fine. Nice to have met you, by the way.'

My feeling too.

Over lunch Suzanne reads us a paper she's written. Sandwiches are served. Naturally all the professionals arrive late, so at first the audience consists of Sander, two interns and a chronicler. Sander treats us to an introductory anecdote: 'An internist, a surgeon, a radiologist and a psychiatrist go on a duck hunt. Flock of ducks flies over. Three of the doctors don't fire a shot. Internist aims but thinks: are they really all ducks? Radiologist thinks: they look like ducks from here, but from a different angle? Psychiatrist thinks: do all those dimwits actually know they're ducks? The surgeon has a machine gun and he blasts the whole flock out of the sky. 'Take them to the pathologist,' is his comment. 'We'll soon see whether there are any ducks amongst them.'

Suzanne's paper addresses the question of what should be done when you find secondary tumours in the brain and don't know where they're from.

It turns out that in no fewer than 82 per cent of cases the original tumour is lung cancer. As an opening move it's far from rare; lung cancer quite often kicks off with this as its initial signal. What amazes me is that in survival terms it makes no difference whether or not you locate the original tumour. The surgical removal of secondaries in the brain is therefore always palliative, aimed at relieving symptoms, not at improving survival chances.

In the afternoon I meet a new admission, Mr Govaert, forty years old and for the past few years struggling with worsening epilepsy. Four years ago he lost his wife in a traffic accident. Six months or so later he started suffering from blackouts of some kind. These episodes were explained by the psychiatrist as a sign of unresolved grief.

'Of course my grief wasn't resolved after six months. What drivel.' He's still fairly annoyed about that. 'Resolved grief would have been pretty odd, don't you think? You know what resolved grief looks like, incidentally?'

I've no idea. He shows me a photo of an attractive woman. I look at her with slightly defensive curiosity, since I don't know whether this is the late lamented, and what are you supposed to say about a picture of a dead person you've never met?

'That's my new girlfriend. At least, new... We've known each other for a year now.'

He talks about his attacks, which he further specifies as gelastic seizures. He's done his homework.

'It starts with a pain in my big toe, the right one, always the right, then a sensation that creeps up to my waist, where I start to feel severe pressure; next I get goose-bumps in my right arm and then comes a strange, shrill laugh. It's really unpleasant and medication doesn't help much.'

He feels it coming on, but by that point he's no longer sufficiently in command of himself to say to the people around him: 'Excuse me, I have to leave the room for a moment.'

He works for the education inspectorate and spends a lot of time driving between schools.

'Do they still let you drive?'

'I always feel it coming on, so that's not a problem at all.'

The attacks themselves are bad enough in social situations, but he's learnt how to wriggle his way out of that. There's something more general, though, that's bothering him.

'I feel I'm becoming more stupid. And my memory's getting worse. I can't remember where we went on holiday last year, for instance. If I see the photos and hear what we did, it all comes back, but I can't recall it myself.'

'May I ask you an odd question?'

'If it helps, go ahead.'

'Don't you find it a frightening illness, epilepsy?'

'It's worse for the people around you. I'm only half there when it happens.'

He adds: 'And there's a known cause; it's all to do with an electrical storm in your brain. That makes it less frightening to me. Knowing what's going on.'

In his case the cause turns out to be a cavernoma in the temporal lobe, a small tangle of blood vessels; operable, in theory.

I ask Kees to tell me about the causes of epilepsy, and I don't mean the epilepsy that arises because of anatomical changes to brain tissue, for instance around a growing tumour, or a leaking cavernoma.

He points to a metre of books on the subject and sums up the expertise: no one knows.

The fact that strange but interrelated patterns of electrical discharge can be generated by anatomical anomalies isn't something I understand particularly well either. You'd think a severing of wires would inevitably lead to a loss of brainpower – as happens after a stroke, when engorgement or an interrupted blood flow shuts down a number of neurons. Why the proverbial shrapnel should lead to uncontrollable muscular movement I can't really comprehend. I mean, the result is too neat. The shrill laugh that Govaert produces epileptically requires a tightly coordinated performance by hundreds or thousands or tens of thousands of neurons. Why should such a splendid pattern result from a random disturbance of pathways?

Compare it to a cat jumping around on the keys of a piano. What are the chances it would produce bars of *Für Elise*? Or rather less improbably, snatches of 'Old Uncle Tom Cobby and All'?

It seems there are fixed discharge patterns that, once triggered, can't be interrupted. Which prompts the question: in the midst of such tumult, who is truly the boss?

The answer: the brain is in charge, because whatever Govaert does, when the pain in his right big toe begins, he (he?) has no choice but to let the rest of the event simply happen to him (him?).

This way of putting it creates an image of a person, Govaert, who is forced to position himself beside or behind the brain (any spatial preposition except 'in' will do here) until it's finished larking about and he's able to take his place 'in' it once more.

The brain as a prosthesis, an aid used by the soul to root about in the world, the way a walker turns over something suspicious in the grass with his stick to see what it is. This image is neatly thrown into turmoil by an epileptic seizure: does the stick simply carry on by itself?

Brains as prostheses; the brain as a pair of glasses that the mind puts on so it can see the world. It's an attractive metaphor, and potentially comforting. It means that even in the case of severe brain damage you can continue to love the intact man or woman behind the wounded brain (the broken glasses) the way you knew him or her before the damage wrought by the tumour, operation, stroke, accident, dementia etcetera.

It helps that certain sounds associated with a person are left unchanged by brain damage. When people cough or sneeze or moan, they do so with their own unique intonation. In a museum or a church I'd recognize my brother's cough among thousands, and so the brain-damaged Pordzick remains thoroughly Pordzick, should there be anyone around to experience the sound of his voice when he groans or yawns as the sound of his voice.

I've put it the wrong way. I mean that even the damaged Pordzick would be experienced as 'whole' by someone who knew him, based on the sound of his voice. But I believe we experience this wholeness based more on hope than on any sort of knowledge.

Along with the voice, of course, there's the face. We're programmed to read faces, the face as a window on the soul. In Pordzick's case this is rather discouraging, to say the least. What bothers me so much about Pordzick is that we who didn't know him before his brain damage are the worst possible judges of his condition. His only hope is to be seen by others, but those others must be capable of recognizing traces of his personality, however slight. As far as that goes, we hospital staff are others of the stupid kind.

It's as if he's been abandoned twice, first by his brain and then by those who knew him. Because no one comes to visit.

But a person can't be let down by his own brain, because he and it coincide, says the neurophilosopher.

That's not how it feels, though, I say.

I don't dare present my analysis to Govaert: 'Do you have the feeling that your brain gets switched off for a while during one of those seizures?'

Chapter eleven

Kidney writes novel

Today it's the removal of Mr Govaert's cavernoma, the cause of his epilepsy. To assist the surgeon Govaert has had his luxuriant curls cut nice and short. He was very grateful to Kees when he heard that his head wouldn't be shaved completely and he thought this would be a helpful gesture. But a short back and sides is precisely what you mustn't have if you want to avoid being shaved. The surgeon likes longish hair, which, once it's soaked in iodine, he can fairly easily move aside to make an incision in the resulting parting. 'Yuck,' Kees thought at first. 'Filthy hair.' But it's not filthy, microbiologically speaking.

As Govaert is being wheeled into the operating theatre, Kees says something, without a hint of reproach in his voice, about the disadvantages of short hair if you're not going to shave. Govaert is thrown by that; I watch as he loses control of himself. The sight of an operating theatre is never pleasant. The green uniforms, the masked faces, the strange caps everyone wears, the lamps, the computer screens with brain scans, the tiles, the chuckling mutual understanding between the demons in charge of this inferno, the clatter and glitter of the readied instruments and through it all the devastating realization that these people haven't gathered to trim someone's hair or even to put down a sick dog but to open up your head and jab and slash at your brain to get rid of those strange seizures.

I watch Govaert brace himself and he barely manages not to cry under the friendly attention of the anaesthetist, who gently helps him to slide from the bed onto the operating table.

'OK Antonius, would you move over to this side? Take it easy. That's right. Good. That's the way.'

'Just call me Ton,' says Govaert, very softly.

'Fine, Ton, now I'm not going to tell you to just lie back and relax, but don't you worry, we know what we're doing.'

'Yes, I'm rather counting on that,' says Govaert, who has recovered himself a little. He now even finds the strength to wave at me. Fortunately he's soon out for the count and I feel a good deal calmer.

The theatre assistant asks Kees his glove size.

'Just give him larger gloves, he'll operate more quickly,' someone calls over.

Kees operates, Suzanne assists. I'm not as shy as I was in the beginning, when I hardly dared breathe for fear of disturbing the surgeon in his Battle with the Lump - he might jab the wrong way.

But Suzanne chatters away happily, half to me, half to Kees.

'Until the sixties this was really an experimental branch of medicine, I think you could argue. Don't you agree, Kees?'

‘Ho, ho,’ says Kees. ‘That sounds like a pretty pretentious thing to say of the current state of the art.’

‘Always the sunny side, Kees. How do you manage it?’

‘Upbringing.’

Soon after he slides the scalp aside, one of the young interns calmly wanders in. I give him a helpful look, since I’m more than prepared to explain who everyone’s working on here and why, but he waves away my tourist information and explains his relaxed attitude.

‘You know, the thing is to be there during the opening up, that’s the crucial bit. Once they’ve exposed the brain it’s nothing but white-pink-beige stuff all the way.’

The cavernoma they work loose from Govaert strikes me as an extremely disappointing bluish clump. I catch a glimpse of it in a dish as it passes.

The young intern looks at me with a smile: ‘What did I tell you?’

‘Yes, but that was bluish, not white-pink-beige.’

‘Whatever,’ he says, and he leaves the operating theatre again after answering my question about his future with the pithy announcement: ‘Child psychiatrist!’

Having removed the cavernoma, the team checks to see whether any anomalous discharges are still occurring in the temporal lobe. To test this, all local electrical activity is registered by laying a small mat with electrodes on top of the brain. That way you can hold your electronic ear far closer to the source of sound than when you have to try to pick up signals from outside the skull.

Unfortunately the device shows obvious spikes under no. 17.

‘Shouldn’t you remove a bit more, Kees?’ says Suzanne.

‘No,’ says Kees. ‘We don’t go spike-hunting here, that’s the route to disaster. Lethal surgery. We’re not into that.’

Spike-hunting means carrying on cutting until the spiking stops. You may well end up with more brain in the dish than in the skull.

They decide to see how Govaert does without the cavernoma. They can always remove the hippocampus later if necessary.

As for the electrodes, Suzanne explains to me that you can set them to stimulate instead of registering. Sometimes that triggers a full-blown seizure while the patient is lying anaesthetized on the operating table.

‘What on earth do you do then?’ It strikes me as catastrophic for a person to lie there thrashing about while he’s still draped and attached to all kinds of machines.

‘No problem,’ she says. ‘You just pour iced water on the brain.’

That seems crude in the extreme.

‘Works very well, it really does!’

While they close him up, the theatre assistant talks about her husband, who’s in the police force. He was recently transferred from a snatch squad to the dog-handling

unit, as I understand it, either that or he's now in a snatch squad that works with dogs, I can't quite follow it all. In any case, weighty responsibilities are involved.

'Up to now no marriage has survived the insane duty roster. They actually call it the alimony team because of the number of divorces it generates.' She laughs in spite of herself.

'And you're not worried about your husband?'

'Leaving me would be the stupidest thing he could possibly do.'

'Yes,' says Suzanne. 'But does he know that? You know how stupid guys generally are.' And with a glance at her colleague: 'Sorry Kees, we're talking completely academically here, alright? Just speculating.'

When the operation is over the atmosphere eases. Everyone is free to sit on whatever they like or to bump into things again. Govaert's head is tightly wrapped in a white turban and he slowly comes round. Very slowly in fact.

The anaesthetist calls over to Kees: 'Have you removed the respiratory centre?'

'No,' says Kees. 'But that speech centre of yours, that could do with a bit of a trim.'

Back to the idea of the brain as a prosthesis for the mind, enabling it to feel its way around in the world. It's a variation on the ancient idea that the soul resides in the body.

This is the most deeply ingrained image of ourselves that we have.

Based on that image, Seneca wrote to Lucilius not far short of two thousand years ago (letter 65, translated by Richard M. Gummere):

'I was born to a greater destiny than to be a mere chattel of my body, and I regard this body as nothing but a chain which manacles my freedom. Therefore, I offer it as a sort of buffer to fortune, and shall allow no wound to penetrate though to my soul. For my body is the only part of me which can suffer injury. In this dwelling, which is exposed to peril, my soul lives free. Never shall this flesh drive me to feel fear, or to assume any pretence that is unworthy of a good man. Never shall I lie in order to honour this petty body. When it seems proper, I shall sever my connexion with it. And at present, while we are bound together, our alliance shall nevertheless not be one of equality; the soul shall bring all quarrels before its own tribunal. To despise our bodies is sure freedom.' Well, that's alright then.

The idea of the body as a buffer we can let fortune lash at is particularly attractive. Seneca describes the body as a vehicle in which the soul rides around for a time, able simply to step back out again later.

Aristotle believed the brain was only there to make mucus that cooled the heart. In fact in a metaphorical sense that's true, but he meant it literally. We're a good bit wiser today, if you'll forgive me for putting it like that, and we've chased the mind out of the cellar, the living room and the kitchen of the body into the attic, where it has entrenched itself in its final place of refuge, the brain.

Brain makes mind. Just take away a bit of brain and you'll see that the mind's been destroyed. Or, rather less drastically: try drinking too much and you'll see how matter wins out over mind. Dick Swaab once said, half in jest: the brain makes mind as the kidney makes urine. But that's not the way it works. A chasm gapes between Brain and Mind that you don't find between kidney and urine. Kidney and urine belong to the same sphere of being, so to speak.

'Brain makes Mind' is like 'Kidney writes novel'. That's just not credible. Wait a minute, you'll say, with certain novels I sometimes wonder, and I understand exactly what you mean. But neither of us would ever expect to find a kidney at a keyboard.

So far no one has succeeded in formulating this everyday reality of mind-production by the brain in a way that avoids generating fatal confusion.

Our thinking about mind and body has been bedevilled for centuries by misunderstandings rooted in linguistic usage. One of the best loved and least understood prepositions when we're talking about minds and brains is the little word 'in'.

Here are a few sentences with 'in':

- Ida is sitting in a chair
- Jan is walking in Rotterdam
- Johnny has stones in his gall bladder
- Elsa works in health care
- Gerrit is in a strange mood
- High spirits were in the air
- There's Olympic gold in those legs
- Gerda is in trouble
- Mike is in a state of anticipation
- Carol invests in real estate
- He lived in interesting times
- The mind resides in the brain

Twelve times 'in', and each 'in' means something slightly different. The mind/body confusion arises in part from a garbling of ins. Wittgenstein claimed that words are like tools. You use them to do things, but what you do differs each time. You can use a hammer to knock in a nail, or to tap the parquet level, or to hack a chunk out of a wall or to injure someone. But you can't put all those hammer moments under one common denominator, because you don't have all the possible applications of a hammer in mind. That's not to say 'in' can simply mean anything at all, since even the possible uses of a hammer are limited. You can't use it to measure temperature, arrange flowers or boil an egg. It's the same with words.

I regard 'in Rotterdam', 'in a chair' and 'in a gall bladder' as closely related, since they refer to a location, a specific point in space. But even here, or rather by this stage

already, you can quarrel over whether the ‘in’ of ‘in the chair’ is really precisely the same as the ‘in’ in ‘being in Rotterdam’ (which throws in a further ‘in’ for free).

Arguably ‘in health care’ still makes some kind of reference to location, but the spatial dimension falls away completely when a person finds himself in a strange mood, in trouble, in a state of anticipation or in real estate. It could be worse: you can get into real trouble in real estate if you’re in a strange mood that causes you to misjudge the atmosphere in a meeting.

‘In interesting times’ is a humble member of an extended family of spatial prepositions that work fine in phrases about time: ‘If we hurry we can get there in time.’

The mind, then, is not in the brain in the same way as Ida is in her chair, but a suggestion of location still hangs around it, since you’d be quite right to point to a person’s head and say with some emphasis: ‘That’s where thinking happens.’

So in what sense does thinking happen in there?

As with the gold in the athlete’s legs, which you’ll search for in vain anatomically, the hint of location remains important, since you wouldn’t want to say such a thing and point to a sprinter’s ears.

The mind is in the brain the way there’s fun in a party, and when the fun goes out of the party it’s no use looking outside to see where it’s gone. The odd thing is that when it comes to the mind, people do tend to go looking for it, after it has supposedly left the body – and even come back with stories.

When writing to Lucilius, Seneca may have thought he could hold his body in front of his mind as a buffer, but there’s nothing to suggest that he managed to depart from behind that buffer at the moment of his death.

At which point I have to confess that I don’t even know what kind of phenomena would enable me to say with any confidence: ‘From this you can see that in 65 AD Seneca’s mind successfully took leave of his body.’

That’s not because I’m so hard to convince, it’s because the concept of a bodiless mind doesn’t make sense.