

Honourable exceptions

The overwhelming majority of amnesic characters in films bear little relation to any neurological or psychiatric realities of memory loss. However, three films deserve special consideration. In *Se Quien Eres* (2000) a psychiatrist treats a patient with Korsakoff's syndrome. Although there is some dramatic license, the writers and director have clearly done their research into the condition.

Memento (2000) also deserves a special mention. Apparently inspired partly by the neuropsychological studies of the famous patient HM (who developed severe anterograde memory impairment after neurosurgery to control his epileptic seizures) and the temporal lobe amnesic syndrome, the film documents the difficulties faced by Leonard, who develops a severe anterograde amnesia after an attack in which his wife is killed. Unlike in most films in this genre, this amnesic character retains his identity, has little retrograde amnesia, and shows several of the severe everyday memory difficulties associated with the disorder. The fragmented, almost mosaic quality to the sequence of scenes in the film also cleverly reflects the "perpetual present" nature of the syndrome.

It is perhaps ironic that one of the most neuropsychologically accurate portrayals of an amnesic syndrome at the movies comes not from a human character but an animated blue tropical fish. In *Finding Nemo* (2003) Dory is a fish with profound memory disturbance. The aetiology is unclear, but her difficulties in learning and retaining any new information, recalling names, and knowing where she is going or why are an accurate portrayal of the considerable memory difficulties faced daily by people with profound amnesic syndromes. The frustration of the other fish around her with constant repetition also accurately reflects the feelings of people who live with amnesic patients. Although her condition is often played for laughs during the film, poignant aspects of her memory loss are also portrayed, when she is alone, lost, and profoundly confused.

Summary

Although amnesia is a popular cinematic device, this review reveals several profound misconceptions about the condition.

- Most films make no distinction between amnesic syndromes with a psychiatric basis and those with an underlying neurological cause. In the real world the aetiology of an amnesic syndrome is critical in terms of its prognosis and treatment; but a "mix and match" approach is adopted in the movies.
- In the real world, post-traumatic amnesia is common after a head injury, and deficits in the learning and retention of new information are often seen the early stages of recovery. In the movies, however, head injuries often result in a profound retrograde amnesia with the capacity for new learning left completely intact.
- Two head injuries are better than one at the cinema. One of the commonest "cures" for an amnesic syndrome sustained as a result of a severe head injury is another head injury.
- In most films memories are not lost, just made temporarily inaccessible. Recovery of memory is possible, via various unlikely means.

These myths seem to be universal and occur in films from all around the world. The medical profession cannot, and indeed should not, dictate cinematic content. However, since movies both inform and reflect public opinion, the public seems to have very little understanding of amnesic syndromes. Amnesia as portrayed in the movies is more in keeping with a psychiatric than an organic cause. Clinicians should be aware of this when talking to patients and their relatives.

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A patient's view of central serous retinopathy



Fig 1 Images created by the patient showing the metamorphopsia, micropsia, and blurring experienced with the left eye.

Patients with disease of the visual pathway use all manner of ways to describe the sensory aberrations they are experiencing. An important part of an ophthalmologist's work is to try to gain a clear impression of a patient's symptoms, and the descriptions that are given often relate to the patient's background and culture. In particular, artists who have visual problems often report minute details and fluctuations in their vividly crafted interpretations of disordered function. Such observations often strongly correlate with the underlying pathophysiology of their condition. A 32 year old man presented to us with a left central serous retinopathy. He works as a graphic designer and was able to combine his professional and artistic skills to generate images showing us the symptoms he was experiencing. The subretinal fluid resolved over the subsequent few months, but he was left with some residual visual distortion.

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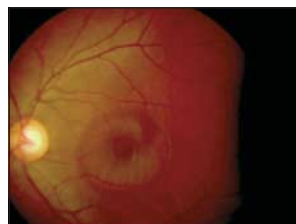


Fig 2 Fundus of the left eye showing subretinal fluid



Fig 3 Fluorescein angiogram showing an inkblot appearance