

HISTORICAL PAPER

QUAGLINO'S 1867 CASE OF PROSOPAGNOSIA

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Antonio Quaglino was professor of Ophthalmology in Pavia, and later in Milan when the University of Pavia was closed because of the war between Italy and Austria. He died in 1894 aged 76 (Guaita and Rampoldi, 1894). He was the author of 61 scientific papers, one of which has some importance in Neuropsychology. In 1867 he reported on the case of a patient, Mr. LL, who following a right hemisphere stroke, showed a clear prosopagnosia coupled with inability to recognise buildings in his own town and colour blindness. This report was accompanied by a commentary by Gian Battista Borelli, who was LL's physician at the time he suffered the stroke and later founder and editor-in-chief of the "Giornale D'Oftalmologia Italiano", the ophthalmology journal in which the report was published. Borelli's commentary provides further details pertaining to some of the points made by Quaglino, though in places it has a different theoretical emphasis.

This was not the first observation of a patient's inability to recognise familiar faces. Wigan (1844) had briefly described a man with an "utter inability to remember faces. He would converse with a person for an hour, but after an interval of a day could not recognise him again. Even friends, with whom he had been engaged in business transactions, he was unconscious of ever having seen." According to Wigan (1844), "He was quite incapable of making a mental picture of anything, and it was not till he heard the voice, that he could recognise men with whom he had constant intercourse".

However, Quaglino's case is of special interest because it anticipates and bears so directly on points that have arisen in later discussions of the topic of acquired impairments of face recognition. The report has been cited occasionally (e.g. De Renzi, 1982; Benton, 1990; Davidoff and Landis, 1990; Muggia and Trivelli, 1992; Young and van de Wal, 1996), but never translated. Here, we provide a translation of an abridged version of the paper, including its main empirical and theoretical content, but omitting most of its discursive material. We add a summary of Borelli's commentary, and a brief discussion of the paper's contribution.

LEFT HEMIPLEGIA WITH CORTICAL BLINDNESS – RECOVERY – TOTAL LOSS OF COLOUR PERCEPTION AND OF MEMORY FOR THE CONFIGURATION OF OBJECTS

Clinical observation by Antonio Quaglino

Gall maintained that the brain is a collection of many organs subsuming different functions. He was positing a physiological hypothesis later to be

confirmed by evidence accrued almost daily. He, however, over-emphasised the practical application of this doctrine in wanting to assign to each of these organs a verifiable seat and a corresponding prominence on the skull, measurable through “cranioscopy”, a technique that has been shown to be misleading and tenuous. In this way many for its simplistic applications took the validity of the principle of localisation to task... We believe that there exist specialised centres for every single basic mental faculty, just as doubtless there exist centres which govern automatic movements or reflexes in digestion, respiration, circulation, locomotion.

Nobody can deny that, following isolated lesions restricted to some specific areas of the brain, blindness, deafness, or loss of some other sense can arise. These include deficits of speech, the loss of memory, the impairment or the loss of some intellectual or instinctual faculties; almost all the other faculties remaining intact...

The case of a patient whom we observed last winter showing total loss of colour perception following a stroke seems to us to connect with this view. Therefore this observation offers a rather interesting scenario, one worthy of the attention of physiologists; for this reason we are reporting on this case.

Mr. LL, a 54-year-old bank clerk from Turin, a strong and healthy man... on February 28th, 1865... fell unexpectedly to the floor, unconscious... He recovered after several days, but he was blind in both eyes and paretic on the left side. The hemiplegia slowly improved over one month. His sight also began gradually to improve thanks to the use of the waters of St. Vincent that he drank at the resort. I examined him a year after his stroke. Mr. LL appeared in good health and his left side strength and sensation were as good as those on the right. However, his heartbeat was a-rhythmic.

At this stage, his near and far vision was excellent, and he could read even the smallest characters extremely well. As he joked, he could have hunted the tiniest birds from the tops of the trees. The macula was unharmed in both eyes, yet he could not clearly discern objects presented to his left side (left hemianopia). However, what dismayed him most was that no sooner had he got out of bed, he saw the faces of all people as doughy and whitish. Moreover, of all colours he could only distinguish white and black. Having presented him with a series of large characters in various colours, in fact, he failed to name any of the colours. Questioned as to whether this defect was congenital, he confirmed that before his stroke he had always had a clear and distinct perception of all the colours. He had also noticed that he had completely lost the ability to remember faces, the facades of houses, and familiar scenes¹. In a word, he had lost all the shapes and the configurations of things. I remember, he said, the names of my friends, I recognise them when I meet them, but as soon as they have turned their backs to me, I no longer recall their features.

The outer parts of the eye did not reveal any irregularities, and a thorough examination of the *fundus oculi* did not reveal any abnormality other than a very slight clouding of the right retina, the blood vessels of which also appeared rather more swollen than those on the left...

¹ *Note on translation:* Described as ‘perspective’ in the original-‘familiar scenes’ is our attempt to convey in more modern language what we think was probably meant.

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