Psychosurgery: lobotomies again


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**Abstract** (Document Summary)

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**Full Text** (2780 words)

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psychosurgery: lobotomies again

Dr. Peter Breggin, a practicing psychiatrist in Washington, D.C. and a faculty member of the Washington School for Psychiatry, gave a talk on psychosurgery sponsored by the Medical Committee for Human Rights. The Washington Post announced it and about 100 people showed up at George Washington University to listen for free. His enormous self-pride at being the first to publicly fight psychosurgery drove one of my companions out the door and even though we'd been warned that Breggin was no feminist supporter, I lost my second companion when he started talking about how he makes his women-housewife patients aware of their oppression. But his message is more important than his personality and his message is clear: "psychosurgery is a crime against humanity"; he thinks it is unethical, scientifically unsound and should be completely outlawed. His lecture and two articles printed in the Congressional Record explain why.

**definition**

In defining psychosurgery, Breggin uses big, ugly words like mutilation, destruction and atrocity and describes patients
who have had psychosurgery as emotionally blunted and behaviorally controlled. Breggin says "psychosurgery is any
surgery which mutilates or destroys brain tissue to control the emotions or behavior without treating a known brain
disease. In 99% of the cases, the brain surgery will actually attack normal tissue. In a few cases, some brain disease
will be present, but in these instances, the brain disease will have nothing in particular to do with the symptoms which
the surgery is attacking...it is simply a mutilating operation whose effect is to destroy the individual's ability to respond
emotionally."

There are many different kinds of psychosurgical operations and techniques. The most well known is the lobotomy
which attacks the frontal lobes (see diagram). It is assumed that the frontal lobes are responsible for people's
creativity, empathy, foresight and abstract reasoning abilities. A cingulotomy is "the creation of precisely placed lesions
(cuts) in the cingulum of the frontal lobe." Also being attacked are the lower structures of the limbic system--the
hypothalamus, the thalamus and the amygdala—which are supposedly the seat of the emotions. Amygdalotomies are
beginning to replace lobotomies because there is apparently less damage to one's intellectual capacities. However, as
Breggin points out, the brain operates as a whole so that even partial destruction of the brain affects its overall
functioning.

The operations can be performed with a surgical knife, ultrasonic energy, radiation or electricity through implanted
electrodes.

Any licensed doctor provided he (in both of Breggin's very full bibliographies I've found only one woman's name) can
find a patient and a willing hospital can operate.

It's no surprise that women are special targets of psychosurgeons. Breggin believes that psychosurgeons dislike the
importance of feelings to women. For example, one psychosurgeon, Robert Heath, Chairman and Professor of the
Department of Psychiatry and Neurology at Tulane, writing in the Journal of Neuropsychiatry, states that Einstein's level
of thought was higher than Christine Keeler's (she was involved in a scandal with British politicians in 1963) because
his thought was less pervaded by "emotions and wishes."

Another, perhaps, more important reason is that, according to Breggin, "psychosurgery is much more effective on
women than on men because women can more easily be returned home to function as partially crippled, brain
damaged housewives, while there are no social or occupational roles for partially crippled, brain damaged men".

Psychosurgeons claim the operation relieves myriad mental problems: depression, anxiety, schizophrenia, delusions,
obscene-neurosis, homosexuality, frigidity in women, alcoholism, drug addiction, agraphobia (fear of open spaces)
and narcolepsy (sudden and uncontrollable attacks of deep sleep).

But, according to Breggin, the reason psychosurgeons can sometimes claim to have solved some of what they define
as mental problems is that the person's ability to react to her/his surroundings has been blunted and her/his behavior
pacified. He lets the psychosurgeons speak for themselves: Dr. William Scoville of Hartford Hospital and Yale
University, admits that any lobotomy is destructive and Lothar Kalinowsky, Professor of Psychiatry, New York Medical
College in New York City, describes modern lobotomy patients as sometimes blunted and subdued, often with shallow
feelings and impaired sense of self. The father of American psychosurgery, Dr. Walter Freeman, writes:

"Theoretically, on the basis of personality studies, creativeness should be abolished by lobotomy...A few patients can
run their own business or resume their professional status--medicine, law, etc...although they may not become leaders
in their own professions, they serve adequately and comfortably".

He also adds that lobotomy should be recommended more cautiously for professionals than for those in business and
commerce because the former need to more deeply appreciate other people's feelings.

Patients who have undergone psychosurgery not only have a high mortality rate and often die from normally detected
ills such as fractures, coronary occlusions and perforated ulcers, but can also suffer schizophrenic-like psychosis and
memory loss from surgical lesions.

Psychosurgery is also being done in Canada, Australia, France, Spain, Italy, West Germany, Norway, Sweden,
Denmark, Finland, Switzerland, Thailand, and India. The world's leaders are Japan, England and the United States.

in the beginning

Lobotomies were first performed on a large scale by Egas Moniz in Portugal in 1936. The results: psychosurgery was
banned in Portugal; Moniz was shot five times by a patient; he received a Nobel Prize for his work and god only knows
what happened to his victims.
An American neurologist, Dr. Walter Freeman, former chairman of the George Washington University Department of Neurology and president of the D.C. Medical Society carried on Moniz' work. His book, Psychosurgery, is the standard text for students and he was recently named honorary president of the two-year old International Association for Psychosurgery. However, some of his patients also attempted to shoot him and he was eventually banned from operating at St. Elizabeth's Hospital, the largest mental hospital in Washington, D.C. Some of Freeman's most interesting observations result from his experiences at St.Elizabeth's. He describes the before and after reactions of his very first patient:

"Who is that man? What does he want here? What's he going to do to me? Tell him to go away. Oh, I don't want to see him." Them she cried out and the nurses were barely able to hold her.

After surgery Freeman asks her:

Q. Are you content to stay here?
A. Yes.

Q. Do you have any of your old fears?
A. No.

Q. What were you afraid of?
A. I don't know. I seem to forget.

Another woman patient whom Freeman describes as "300 pounds of ferocious humanity" became so docile after her operation, Freeman could slap her behind "without eliciting anything more than a wide grin or a hoarse chuckle".

The early lobotomies (it is estimated that 50,000 were done in the U.S. between 1936 and the mid-fifties) compared by Breggin to "swishing an ice pick around behind the eyeballs to destroy portions of the brain's frontal lobe", left many patients in a near "vegetable state".

Breggin offers several explanations for renewed interest in psychosurgery. Shock, insulin, and drug therapy have not been the panaceas for mental problems that they were once hoped to prove. He also suggests that psychosurgery, now armed with more precise surgical methods, presents an alarmingly simplistic answer to those who recognize violence as a political issue but hope to solve it "at least in part, technologically."

Some psychosurgeons are fully aware of the political potential for controlling the "problems" of our society. In fact, Freeman describes the four best types of patients as female, black and having a "simpler" occupation. He considers black females the best group.

Psychosurgeons are quick to work on women. The Kingston Psychiatric Hospital in Ontario refused to allow psychosurgical operation on males because of adverse publicity about lobotomies after the publication of a critical study but 17 women weren't as fortunate. San Francisco doctor, Peter Lindstrom, disapproved of the operation. A series of 60 psychotic and 154 neurotic patients were women. An article by Gidea in the Journal of the American Medical Association, October 7, 1968 mentioned a study of 176 patients operated on by Dr. H.T. Ballantine, Jr. at the Massachusetts General Hospital of included 26 women and 14 men. In a report by Drs. M.H. Brown and Jack Lighthall? of Santa Monica California they describe the results of operations on 110 cases, 77 women. Not surprisingly, Breggin has found that the psychosurgeons never comment on possible implications of such an obvious category of women patients.

Adults are not the only victims of psychosurgery. Children as young as five are being subjected to brain-blunting by Dr. Orlando J. Andy and Marion Jurko at the University of Mississippi School of Medicine. Claiming to treat three symptoms, hyperactivity, aggression and emotional stability, Andy admitted in a letter to Breggin that "in relation to the operative results, the category under aggression appears to be alleviated to a much greater extent than the other two categories [hyperactivity and instability]."
studies

What relief psychosurgery does exactly provide compared to other methods or no treatment at all is almost impossible to determine because, according to Breggin, since the beginning of psychosurgery there has never been a single projective controlled study anywhere in the world. (A projective study would match data simultaneously on a group with similar symptoms, one who would undergo psychosurgery and another who wouldn't.) However, there have been three retrospective studies, all of which concluded that the patients who had had psychosurgery weren't greatly improved. In a 1962 study of 229 lobotomies and an equal number of controls retrospectively matched, Dr. Robert Vosburg concluded that the lobotomized group had obvious brain damage and noted that "the patients appeared to be withdrawn and hostile. In short, they act as if they had been hurt". Five years after surgery, only 19 percent in each group had been released from hospitals.

political implications

While Freeman's list of most desirable kinds of patients and the obvious preference for women patients makes clear a not very subtle inclination to take advantage of the oppressed, some psychosurgeons either ignore or don't care about the political implications of their work. Others do. After the 1967 Detroit riots, Drs. Mark and Ervin in a letter to the Journal of the American Medical Association attempted to explain why only some ghetto residents destroyed property and shot at police.

Their explanation, apparently based on nothing, was brain damage. They hypothesized that probably five to ten percent (or 10 to 20 million people) in the U.S. have brain damage and suggested that a screening system could be devised to root out these people before they commit their violence. The Law Enforcement Assistance Administration of the Justice Department and the National Institutes of Mental Health thought their proposal was interesting enough to grant them $108,930 to do exactly the type of research their letter suggested. According to a Justice Department summary, they will study: "The role of neurobiological dysfunction in the violent offender. Specifically the grantee will determine the incidence of such disorders in a state penitentiary for men; establish their prevalence in a non-in-carcerated population; and improve, develop and test the usefulness of electrophysiological and neurophysiological techniques for the detection of such disorders in routine examination."

mind control

Such an examination probably would become routine (perhaps, on the first day of kindergarten along with a social security number, maybe special numbers for violence-prone people) if the dreams of Jose Delgado, M.D., Professor of Physiology at Yale, are ever fulfilled. (He is currently setting up an institute in Spain with Franco's blessings.) Breggin says that Delgado advocated in his 1969 book, Physical Control of the Mind, "Toward a Psychocivilized Society" that the government establish a NASA-like agency to familiarize and popularize mind control research through the mass media and "to co-ordinate plans, budgets and actions" for physical control of the mind. Breggin calls Delgado's plan the "ultimate lobotomy". In experimenting with electrical stimulation of the brain (ESB) using implanted electrodes, Delgado has been able to "evoke, modify or inhibit aggression, dominance, mounting and other social interactions in colonies of cats and monkeys". His experiments on human beings have demonstrated that "brain stimulation during surgical interventions or with electrodes implanted for days or months has blocked the thinking process, inhibited speech and movement, or in other cases has evoked pleasure, laughter, friendliness, verbal output, hostility, fear, hallucinations, and memories." Delgado has also been working on "a two-way radio [which] could be established between the brain of a subject and a computer. Certain types of neuronal activity related to behavioral disturbances such as anxiety, depression, or rage could be recognized in order to trigger stimulation of specific inhibitory structures".

Delgado thinks his research will eventually lead to "a happier, less destructive and better balanced society". He assumes electrical stimulation of the brain will be used by some groups to control others for such purposes as preventing generals and armies from fighting wars (he doesn't question the desirability of social control), but denies any possibility for bad social control.

ethics?

Just as with Delgado and his mind control research, almost all the psychosurgeons believe that their work can only prove beneficial to their patients—at least some of them sometimes—and society. However, there are some neurosurgeons and psychiatrists who don't like psychosurgery but believe that as long as it is performed with voluntary consent, it's o.k. Breggin says that not only is the line between voluntary and involuntary consent so vague as to be almost an unavoidable distinction, but that psychosurgery should be looked upon as partial murder of a human being and therefore, be declared illegal just as helping someone commit suicide is also equally murder. He is now working on a bill to present to Congress to abolish psychosurgery (as the Russians did in 1951 although their ban hasn't prevented them from using other psychiatric methods to control undesirable behavior). Congressman Cornelius Gallagher from
New Jersey presently under indictment for tax fraud has published in the Congressional Record two of Breggin's article which many other medical journals have refused.

Whatever the implications for women's fight for survival and redefinition may be if Delgado's psychocivilized society becomes a reality, it is clear that psychosurgery much be fought now.

**conclusion**

Everyday women are subjected to a million small pricks and large jabs of mutilating degredation and our souls have been damaged. Psychiatrists, for the most part, said our misery was from our families and in a way they were right. They said there was something wrong with us and that only we could change ourselves and again, in a way, they were right. They usually told us we weren't happy because we resisted our womanly roles in society. Still, again, they were closer than they knew, but they didn't really know the answers and the more honest among them admitted that they were confused. I wonder how honest the psychiatrist was who recently diagnosed the condition of a woman who killed her two small children and tried to kill herself as "suffering from a psychotic depressive reaction". He said she was depressed over the recent separation from her husband. The court found her not guilty by reason of insanity and sentenced her to a mental institution. Perhaps her suicide note to friends gives a fuller picture. She wrote "I'm sorry. I just can't face any more of this.. living in this insane world with a broken heart is more than I can face.

I was foolish to think I could bear a lifetime of ugly supermarkets, dreary suburbanitis, a culture that thinks cleanliness is next to godliness while living on mental garbage. So to kind souls who reach out many, many thanks."

Now this woman has been caught and will probably sit out some, if not all, her life in a mental institution, unless some psychosurgeon should decide she would be a perfect candidate for an operation. Then she would be with less hope, her soul and mind blunted, pacified or maybe destroyed and the healing of wounds and the preparation for a different kind of society would be so much harder for her and for us all.

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Illustration (The human brain)