Hole In The Head

In the 20th century, millions of lives were ruined by a procedure which is, in select cases, still being performed...

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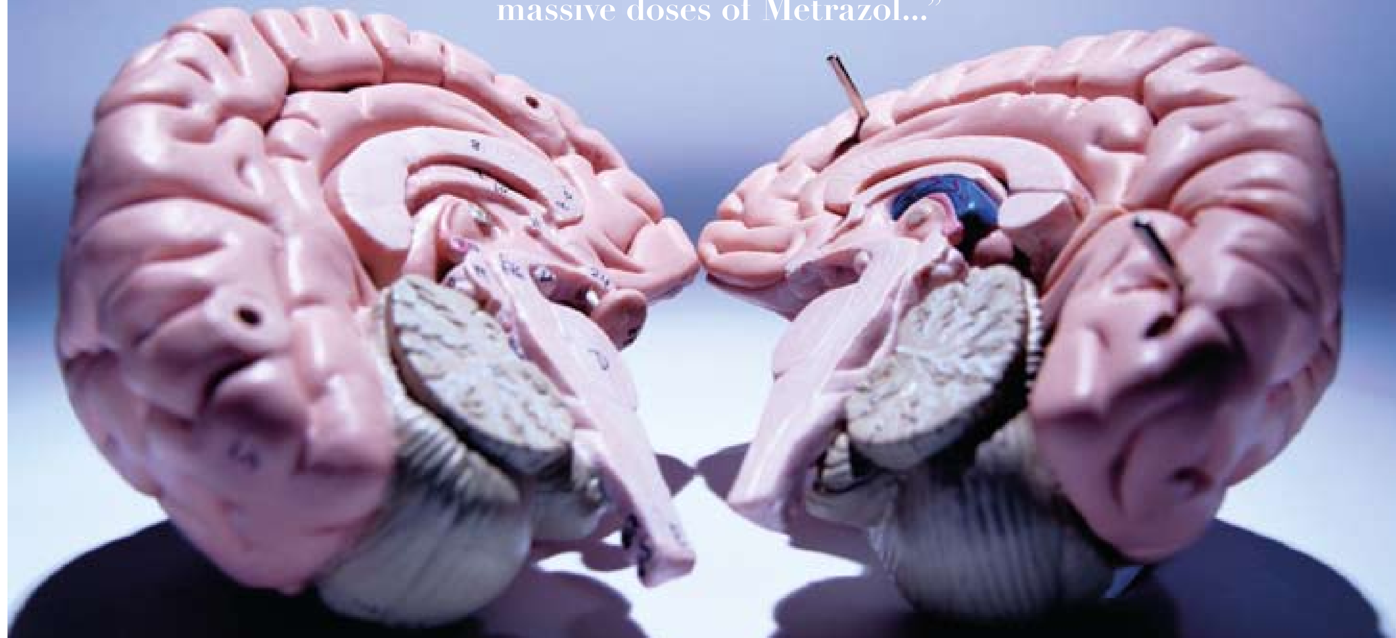
The understanding of mental illness as biologically determined is recent, but a biological spin on the problem has existed for millennia. In the first century AD, the Romans treated their mad by shocking them with live eels, drugging them with opium, and boring holes in their skulls – a practice known as "trepanning," and described by historian Catharine Arnold as a "primitive form of neurosurgery" dating back to Neolithic times.

The practice was also popular in pre-Columbian Mesoamerica and Europe in the Middle Ages. As insanity was thought to be caused by evil spirits, trepanning provided them with a means of escape. In later centuries, these spirits were simply beaten out of the insane.

During the Enlightenment, mental illness was rebranded as a disease of the brain. This perspective proved revolutionary, not only in terms of the treatment of the mentally ill, but in terms of redefining what it meant to be human. Over time, the shifts in paradigm accelerated. In the 19th century alone, the German physician Johann Christian Reil coined the term "psychiatry", the international pharmaceutical industry took root (in America, it is now worth over USD200 billion); Darwin's theories changed the way the West operated; and Freud introduced the concept of the human psyche as vulnerable to circumstance and reception, and as defended in its dysfunction by the intellect.

Freud's humane ideology initially did little to ameliorate the fear – and concomitant loathing – expressed toward the mentally ill, whose dehumanisation has continued, if in a significantly less spectacular form, into the 21st century. In the absence of any therapy, the mentally ill of the 20th century were chained, shackled,



straitjacketed, kept nude, electrocuted, half-frozen, parboiled, violently hosed, wrapped in wet canvas, confined to "mummy bags", subjected to insulin-induced hypoglycemic comas, forced into seizures with massive doses of the stimulant Metrazol, injected with camphor, drugged into three-week comas with barbiturates and tranquilisers, involuntarily sterilised, and surgically mutilated. Rape by hospital staff was common, as was humiliation and verbal abuse. One reporter noted that a state hospital patient had been restrained for so long that his skin was beginning to grow around the leather straps.

American psychiatrist Henry Cotton, made director of the New Jersey State Hospital in 1906 at the age of 30, was considered progressive. On one hand, he abolished the metal restraints that had imprisoned patients for hundreds of years. On the other, he insisted on the implementation of what he called "surgical bacteriology". Convinced that psychosis was caused by infection, Cotton had all patients' teeth removed. When that didn't work, he extracted tonsils. Cotton systematically dispensed with colons, testicles, cervixes, uteruses, gall bladders, stomachs, and spleens. Close to half his patients died. Ironically, that period between 1921 and 1935 is still referred to as psychiatry's renaissance.

In 1935, Yale neurologist Carlyle Jacobsen observed that frontal and prefrontal cortex damage made chimpanzees manageable. The same year, American physiologist John Fulton removed the frontal lobes of two chimpanzees only to find that they could no longer be provoked into neurosis. Fulton presented his findings at a symposium in London. Antônio Egas Moniz, a Portuguese neurologist, witnessed Fulton's presentation and recognised the psycho-civilizing potential of the experiment. "If front lobe removal prevents the development of experimental neuroses in animals and eliminates frustrational [sic] behaviour," he asked, "why would it not be feasible to relieve anxiety states in man by surgical means?"

Returning to Lisbon, Moniz began experimenting with human beings. Boring holes in his patients' heads, he disconnected their frontal lobes from the body of the brain using a leucotome (from the Greek: leuco meaning "white matter", and tome meaning "knife"). The procedure, he decided, would be called a leucotomy; the field, psychosurgery. He noted that severe agitation and depression appeared to be lessened by leucotomies, although he stressed that the procedure should be addressed as a last resort.

By 1937, *The New York Times* was assuring readers prey to "tension, apprehension, anxiety, depression, insomnia, suicidal ideas, delusions, hallucinations, crying spells, melancholia, obsessions, panic states, disorientation, [hypochondria], nervous indigestion and hysterical paralysis" that they would be improved by lobotomies.

Paraplegic after being shot in the spine by a leucotomy patient in 1939, Moniz was awarded the Nobel Prize in 1949. The award made the procedure respectable, and more lobotomies were performed in the following three years than in the previous decade. Six years after his win, Moniz was killed by another of his leucotomy patients.

The first psychosurgical procedures were performed in 1890. Having extracted part of the neocortex in dogs, German scientist Friederich Golz found that the animals were tamed. Swiss neuropsychiatrist Gottlieb Burckhardt, who oversaw an asylum for the insane, was inspired by Golz's report. In 1891, Burckhardt drilled into the skulls of six patients to extract matter from the frontal lobe. Two died. The ridicule and criticism that met publication of his results caused Burckhardt to explore different solutions. Justifying his experiment, he wrote: "Doctors are different by nature. One kind adheres to the old principle: first, do no harm (primum non nocere); the other one says: better an unknown cure than nothing at all (melius anceps remedium quam nullum). I certainly belong to the second category." Walter Freeman justified his work with the same principle.

A Yale-educated neurologist and psychiatrist, Professor Freeman was the grandson of William Keen, president of the American Medical Association and the first American surgeon to remove a brain tumor. Similarly, Freeman's father was a surgeon.

Characterised throughout his life by a disturbing lack of empathy for his patients, Freeman had always had a strained relationship with his mother, whom he acknowledged never having loved. His eyes, he said, were dry when she died. In 1941, he stunned neurologists by mocking a woman eroded by dementia. "I pulled from my hip pocket a nursing bottle full of warm milk and fed it to the greedy old lady. That's a picture they'll not soon forget. She fumbled around with it and tried to get the whole bottle in her mouth, just as our babies used to do. And then I gave her the bowl of my pipe to suck on and she did the same thing. I'll say she was demented!" he wrote to his wife.

Freeman dismissed Freud and the understanding that mental illness could be caused by trauma or abuse. "When we really, really get to know what stinkers we are, it takes only a little depression to tip the scales in favour of suicide," he argued.

From the outset, Freeman's attitude to mental patients was cavalier. His indifference to medical procedure was, in itself, clear evidence of dysfunction. When the voltage dial and timer of his portable electroshock device broke, he simply attached the machine to the patient, plugged it in, and activated it. Lobotomy patients were given no painkillers, anesthesia, or muscle relaxants. Freeman also hated surgical gloves and eschewed sterile environments ("all that germ crap"). Having watched Freeman at work, Patricia Derian, a student nurse at the University of Virginia in the 1940s, noted that his main interest during lobotomies "seemed to be on getting good photographic angles."

Freeman read of Moniz's work and requested the monograph. He promptly ordered a leucotome and began practising on cantaloupes, claiming that the consistency was similar to that of the brain. Freeman's colleague, neurosurgeon James Watts, was impressed. With Freeman navigating, Watts began rehearsing the leucotomy on cadavers.

Having toured psychiatric hospitals and recoiled from the sordid conditions and disordered emotionalism of the patients, Freeman recognised the vast potential for improvement in the field. He also knew that hospital directors were governed by economic realities: it could cost up to USD35,000 a year to keep a patient in hospital, whereas a leucotomy could be performed for as little as USD250. His seductive catch cry? "Lobotomy gets the home!" Most hospital directors welcomed him.

From the beginning, Freeman lied about the results of his lobotomies. Patients were pronounced "improved" or "cured" or when the majority of those who survived experienced a resurgence of their original problems in addition to the deficits caused by cerebral mutilation. Some hemorrhaged and were reduced to vegetative status; others suffered seizures for the remainder of their lives. Leucotomes snapped off in heads. Permanent incontinence was common. Many needed to be taught how to eat again. Some died when Freeman stopped, mid-surgery, to take photographs. When questioned about the morality of the procedure, Freeman replied: "Maybe it will be shown that a mentally ill patient can think more clearly and constructively with less brain in actual operation."

The years between 1939 and 1951 – the heyday of lobotomy – also marked the near-unmanageable congestion of psychiatric hospitals. Like every war, World War II resulted in generations of men and women distorted by grief. There were more than a million institutionalised psychiatric patients by the late 1940s, and over 55 per cent of all American hospital patients were psychiatric cases. There were also prisoners, political rebels, housewives, and angry children; they, too, were involuntarily lobotomised. Thousands of lobotomies were performed around the world by amateur surgeons who had not run a single psychiatric evaluation on their patients.

There were numerous high-profile casualties. In 1941, John F Kennedy's sister Rosemary underwent a lobotomy at their famously controlling father's request. It was said that the 23-year-old suffered "mood swings", although there is little evidence of this in the diaries she left behind. Even Watts privately refuted the diagnosis, noting instead that she simply seemed agitated and depressed. In theatre, Freeman asked Rosemary to recite the Lord's Prayer. "We made an estimate on how far to cut based on how she responded," Watts wrote. When she became incoherent, they withdrew their knives. Rosemary was left incontinent, retarded, and spent the rest of her life in an institution. Her sister, Eunice Kennedy Shriver, set up the Special Olympics in her honour.

Rose Williams, adored sister of Pulitzer Prize-winning gay playwright Tennessee, was less fortunate. Supposedly schizophrenic but in fact terrorised into dysfunction by a sadistic, alcoholic, incestuous father and domineering mother, Rose, 28, was forced into a prefrontal lobotomy in 1937. She was left permanently incapacitated. Williams modelled some of his most famous characters on his sister (*The Glass Menagerie*'s Laura Wingfield "is like a piece of her own glass collection, too exquisitely fragile to move from the shelf"). And in *Suddenly Last Summer*, a one-act drama later made into an award-winning film, a Southern matriarch demands that a lobotomy be performed on her niece for fear that she will reveal her son's homosexuality.

There are dozens of others, some of whom were killed and none of whom were bettered by the operation.

In 1937, Italian psychiatrist Amarro Fiamberti had performed the first transorbital lobotomy, understood as a "refinement" of the original procedure as no cutting was necessary. The brain was simply entered over the eyeball and through the bone behind the eye socket. Freeman performed the first American transorbital lobotomy in 1946.

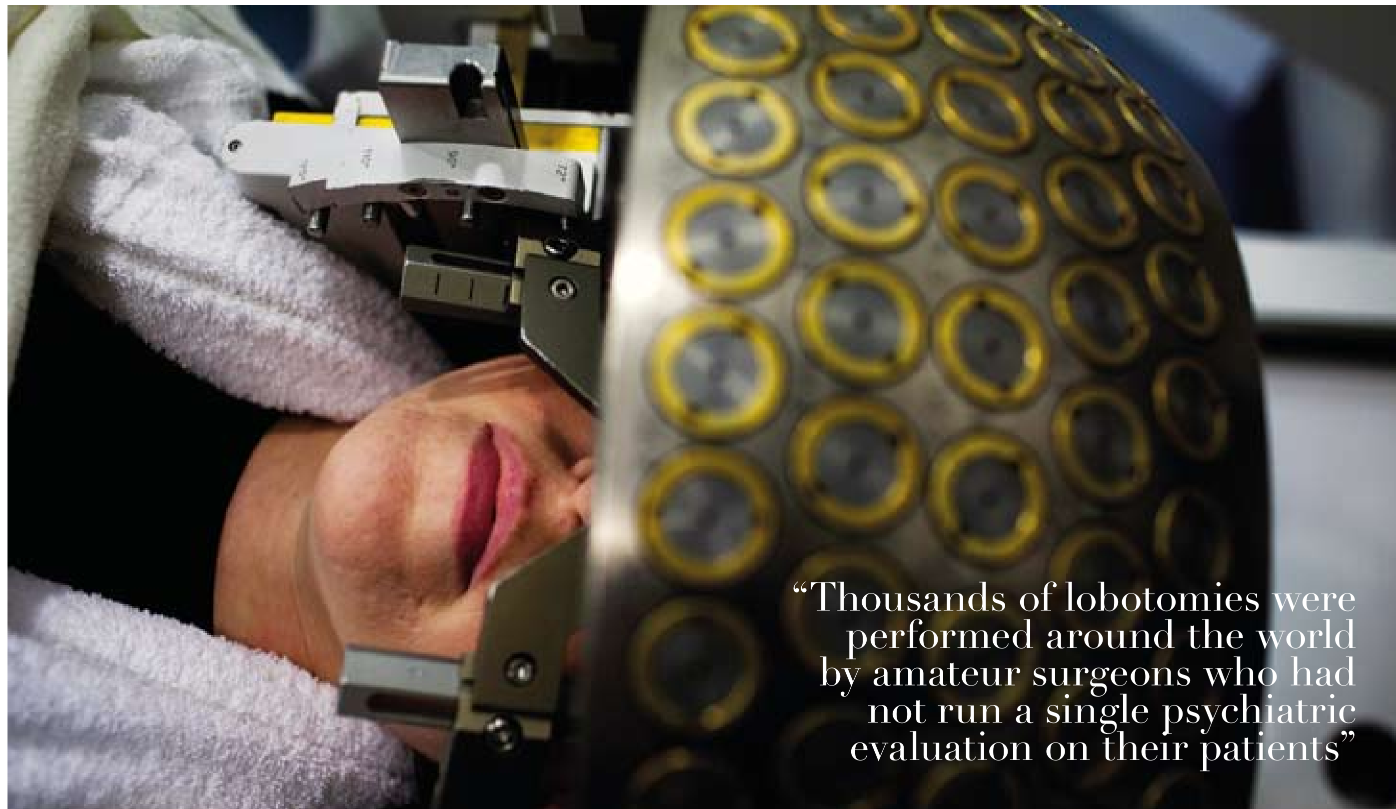
Using corpses for practice, Freeman discovered that the leucotome could not withstand the orbital bone without breaking. So he used a domestic ice-pick, which is why the procedure became known as the "ice pick lobotomy." No neurosurgeon or sterile theatre was required; the procedure could be performed in an office. Once the bleeding had abated, patients were sent home in cabs. After 10 patients, Watts abandoned their joint practice.

Freeman played to the press at every opportunity, going so far as to replace his surgical hammer during a procedure with a carpenter's mallet and, on another occasion, performing a two-handed lobotomy, simultaneously severing both lobes for added drama.

Howard Dully, who, at age 12, had a transorbital lobotomy performed on him by Freeman, describes Freeman as "sort of like the Henry Ford" of psychosurgery: "He didn't invent the procedure, but he turned it into an assembly-line process, streamlining it so it could be done more efficiently, more cheaply, more quickly, and on more patients."

John Fulton, by then one of the most learned advocates of the procedure, addressed Freeman in a letter. "What are these terrible things I hear about you doing lobotomies in your office with an ice pick? Why not use a shotgun? It would be quicker!" Sensing a backlash, Freeman began touring psychiatric institutions in the car he christened "The Lobotomobile", teaching resident psychiatrists how to perform the lobotomies. He took to describing the procedure as a "mercy killing of the psyche."

As the number of post-operative complications and fatalities increased, so did the number of physicians opposed to the procedure. The public, too, began to question the "improvement" of those reduced to vacant apathy. Dully himself is evidence of the fact that lobotomy was mostly offered as the first option, rather than the last resort. By the early 1950s, the reality had become clear: lobotomies were not a cure, but a brutal means of behavioural control.



> “Thousands of lobotomies were performed around the world by amateur surgeons who had not run a single psychiatric evaluation on their patients”

Psychoanalyst Allen Kringel ridiculed Freeman with a limerick:

A fellow named Freeman said: “I've
A sharp little knife that I drive;
If you want to be dead
I'll bore holes in your head
And then you won't know you're alive.”

In 1954, the FDA (Food and Drug Administration) approved the use of the chemical compound chlorpromazine. The oldest typical antipsychotic, it is still marketed as Thorazine and prescribed for schizophrenia and bipolar disorder. Promoted as creating a state of “sedation without narcosis”, Thorazine was embraced by the medical community. Freeman mocked Thorazine as a “chemical lobotomy,” but psychosurgery was on the way out. The era of psychopharmacology had begun.

American psychiatrist and psychiatric reformer Peter Breggin, author of *Brain Disabling Treatments in Psychiatry* (2007) and the subject of Candace Pert's *The Conscience of Psychiatry* (2009), first became aware of lobotomies when he ran the Harvard-Radcliffe Mental Hospital Volunteer Program between 1954 and 1958.

“I was appalled,” he remembers. “They were obviously grossly damaged, and reduced mostly to a state of apathetic docility, which made them easier to manage.” Breggin began to read Freeman's work, and was astonished to discover that his mentor, Harvard's Professor Milton Greenblatt, had no moral or ethical qualms about lobotomies.

“I saw many lobotomised people briefly through my travels and evaluated dozens more deeply,” Breggin continues. “In particular, I followed up on numerous patients of H T Ballentine's from the Massachusetts General Hospital. These people were horrendously damaged – nothing like the sterile descriptions of ‘improved’ in his papers. They had gross cognitive and affective deficits, and severe memory deficits consistent with severe dementia. I was an expert in two cases that went to court, and even though we lost both, the pressure, and probably the rising costs of insurance caused him to stop.”

In 1967, Freeman performed his third lobotomy on a woman he had first lobotomised in 1946. A cerebral blood vessel was severed, she hemorrhaged, and died. Freeman's surgical privileges were revoked, and he retired shortly afterwards.

Around 1972, Breggin called Walter Freeman to ask about his work and had a cordial conversation during which Freeman boasted about the lobotomies he had performed. Breggin recalls, “I asked almost casually if he thought there were any moral issues surrounding lobotomy. He seemed quite surprised.”

Breggin was the first psychiatrist to dare act as a medical expert in a malpractice suit against Freeman. The plaintiff was a former patient of Freeman's. “She used to pester doctors around town by calling them and pleading for help,” he says. “She was depressed, suicidal, and suffered from chronic dementia induced by lobotomy.”

Freeman died during the case, and it was dropped. He was never made accountable for his recklessness, or for the devastation he wreaked. Before Breggin's campaign against psychosurgery was over, most of the major lobotomy projects in the world had been stopped, and the procedure was made illegal almost everywhere.

“Psychiatrists and neurosurgeons have always had free rein to experiment on the human brain,” Breggin notes. “The current psychiatric mindset is no different. What's going on with the mass drugging of children now is, in some ways, a far greater atrocity than lobotomy. Psychiatrists remain afraid of pushing lobotomy publicly and only a few projects continue – at Harvard and Brown Universities – that we know of. But the nature of psychiatry cannot be changed; it can only be constrained by public outrage.”

Messing With My Head: The Shocking True Story of My Lobotomy, by Howard Dully, is published by Vermilion
The Anti-Psychiatry Coalition: http://www.antipsychiatry.org
Peter Breggin's website: http://www.breggin.com