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 $200 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,
the mentally ill of the 20th century were chained, shackled, straitjacketed, kept nude, electrocuted, haltered, wrapped in wet canvas, subjected to insulin-induced hypoglycemic comas, forced into seizures with massive doses of the stimulant Metrazol, fromed with camphor, drugged into insulin-induced hypoglycemic comas, forced into seizures...
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

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