

GROUP FOR THE ADVANCEMENT OF PSYCHIATRY

Report No. 6

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RESEARCH ON PREFRONTAL LOBOTOMY

INTRODUCTION

The Research Study Group of the United States Public Health Service received numerous applications for funds to prosecute research on prefrontal lobotomy, lobectomy and topectomy. The Chairman appointed a sub-committee in Spring, 1947 to consider the subject and report conclusions on which could be based intelligent allocation of funds. This sub-committee garnered local information but was unable to convene for thorough consideration of the problem. Therefore, the Research Committee of the Group for the Advancement of Psychiatry was requested to undertake the task. This it did at its Autumn meeting in 1947 following which a detailed report was written and circulated to the entire GAP membership for criticism and suggestions. The modified document was submitted to and approved by the Research Study Group in April, 1948 and referred to the National Mental Health Council. The Council accepted the recommendation for a lobotomy commission but deferred final action pending more specific statements on possible organization, constitution, procedures of the commission and its potential need for funds.

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Research on Prefrontal Lobotomy, Lobectomy and Topectomy

Since 1936 approximately 5,000 patients have undergone the operation of pre-frontal lobotomy or leucotomy. Most of these patients are still alive and available for study. However, from this extensive material studied over such a long period of time very few conclusive answers to any questions have been derived. Instead there is considerable aggressive propagandizing for the operation by those who perform it or use it as an essential therapeutic technique. Their statements as to the therapeutic effects and the non-existence of deleterious results are not sufficiently supported by convincing evidence. On the other hand, others who are equally biased, but against the operation, state that its effectiveness is minimal and its damaging effects great. There are a few groups of serious and scientific workers in this

country who attempt to ask themselves definite and unanswerable questions from the available material and the techniques which can be applied. From them preliminary data, not sufficient to make definite conclusions, have been presented.

The literature on lobotomy has been growing steadily, but consists largely in repetitive reiterations of similar statements by the few individuals who are performing the operation in great quantity. From our discussions and reading we are not convinced that lobotomy research is anywhere at the present time implemented with the best methods and directed by the most careful thinking.

It is remarkable that the best material has come from the clinic of a Swedish investigator, Dr. Rylander, who thoroughly studied thirty-two cases after lobectomy. He states that for the purpose of obtaining adequate data one cannot use most psychotic patients and that he uses for his experiments only those individuals who give hope of reliability in their response to his tests. For this purpose he considers the chronic compulsive-obsessive neurotics the best. He warns against using for experimentation individuals who are suffering from fluctuating or episodic psychoses. Rylander points out that after the operation the patients are shallow and show no depth of feeling; in fact their relatives frequently state to him, "He has lost his soul." Many patients after lobotomy lose a sense of value for money, everything seems all right, they forget and lose interest in everyday happenings and at night do not dream. They show no evidence of real happiness or real sorrow. They seem to have little fun and always maintain a very concrete and matter-of-fact attitude toward things that happen around them. These individuals have a tendency to persevere, and in response to problems they seem to have only one solution. They are incapable of associating mentally freely and intelligence quotients are not quite up to the pre-operative level. Rylander suggests that eventually a partial lobectomy may be devised to avoid the above-mentioned defects and at present is reluctant to operate on non-psychotic patients. Finally, he states that on the foundation of insuffi-

Research On Prefrontal Lobotomy

Puja Mehta



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