

I want to alert the psychiatric community to the extent of the current resurgence of lobotomy and psychosurgery in the United States and around the world and to make available my extensive review of the subject published in the *Congressional Record* (1) (see also [2]).

Currently in the United States psychosurgery is being done in dozens of medical centers using the old-fashioned prefrontal lobotomy, ultrasonic radiation of the frontal lobes, and a variety of stereotaxic mutilations of the cingula, amygdala, thalamus, hypothalamus, and fornix.

The patients involved are greatly different from the chronic hospital population of the first wave. Most of them are diagnosed as neurotics, usually with anxiety, tension, obsessions, or depression. Drug addicts, alcoholics, and criminals are also being operated on in the United States, and, most disturbing, hyperactive children as young as age five. Women comprise the majority of lobotomy patients, but there is a new interest in old people, criminals, and children.

My survey of psychosurgeons turned up uniform estimates of 400 to 600 operations a year in the United States and an accurate estimate of more than 400 a year in England, where the rate has never declined but merely gone out of sight. Every psychosurgeon surveyed stated that his rate of doing lobotomies was increasing and that he anticipated a new wave that might rival or outdo the original wave of 50,000 in the United States. My resource paper includes about 1,000 cases from the United States and nearly 100 references, the majority from the United States within the last few years. I will be happy to send a copy of this *Congressional Record* resource paper to anyone requesting it. Please write to 1610 New Hampshire Avenue, N.W., Washington, D.C. 20009.

In closing, I want to respond specifically to Dr. Walter Freeman's Letter to the Editor (April 1972 issue of the *Journal*). Dr. Freeman stated that successes with lobotomy include the observation that "lobotomy gets them home." There are only three controlled retrospective studies on lobotomy, which have all shown that lobotomy patients did no better in this regard or in any regard but that lobotomy did produce additional new psychiatric problems, including lethargy, withdrawal, and intellectual deterioration (3-5). Even uncontrolled studies have shown generally poor results, including signs of severe surgically induced brain damage and emotional dulling (6, 7). Moser's (8) long-term follow-up study did not require controls because 90 percent of the patients were still hospitalized, a clear enough indication of failure.

Dr. Freeman also stated that with lobotomy creativity was sometimes improved. Let me quote, however, from Dr. Freeman himself, writing as recently as 1959 after all the results were in: "Theoretically, on the basis of psychologic and personality studies, creativeness should be abolished by psychosurgery. . . . On the whole, psy-

chosurgery reduces creativity, sometimes to the vanishing point" (9).

Freeman also said in his letter that the critical change after lobotomy is an "altered attitude toward the self." Elsewhere he has been more definitive about this, describing the destruction of the patient's "self." For example, in 1959 he wrote: "What the investigator misses the most in the more highly intelligent individuals is the ability to introspect, to speculate, to philosophize, especially in regard to the self" (9). He is even more vivid elsewhere (10) when he speaks of "smashing the fantasy life" and describes how patients lack sufficient interest in themselves to make trouble on the wards, no matter how bad the conditions. This must be the relief of "wear and tear" that Freeman describes in his letter, and it is indeed true, as lobotomists have claimed, that it is easier and cheaper to maintain custodial care of a human being who is deprived of his normal brain functions.

By the way, Freeman's assertion that lobotomy has never been an issue in any court case is simply not true. As recently as 1970 Baker and associates (11) described a case of a man who robbed a bank after he had had a lobotomy, although he had no previous criminal record. But Freeman is right: Lobotomized patients generally lack the initiative or perseverance to carry out a crime.

1. Breggin PR: The return of lobotomy and psychosurgery. *Congressional Record*, February 24, 1972, pp E1602-E1610
2. Breggin PR: Lobotomies are still bad medicine. *Medical Opinion* 8(3):32-36, 1972
3. Robin AA: A controlled study of the effects of leucotomy. *J Neurol Neurosurg Psychiat* 21:262-269, 1958
4. Vosburg R: Lobotomy in Western Pennsylvania: looking backward over ten years. *Amer J Psychiat* 119:503-510, 1962
5. McKenzie KG, Kaczanowski G: Prefrontal leucotomy: a five-year controlled study. *Canad Med Ass J* 91:1193-1196, 1964
6. Dynes JB: Lobotomy—twenty years after. *Virginia Medical Quarterly* 95:306-308, 1968
7. Miller A: The lobotomy patient—a decade later. *Canad Med Ass J* 96:1095-1103, 1967
8. Moser HM: A ten-year follow-up of lobotomy patients. *Hosp Community Psychiat* 20:381, 1969
9. Freeman W: Psychosurgery, in *American Handbook of Psychiatry*, vol 2. Edited by Arieti S. New York, Basic Books, 1959, pp 1521-1540
10. Freeman W, Watts J: Psychosurgery. Springfield, Ill, Charles C Thomas, 1950
11. Baker E, Young MD, Gadult DM, et al: A new look at bimedial prefrontal leukotomy. *Canad Med Ass J* 102:37-41, 1970

PETER R. BREGGIN, M.D.
Washington, D.C.

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