bour it? The study notes that no mental losses were found a psychological testing. The literature is filled with similar ports from classical lubotomy when the patients were onetheless suffering from obvious chronic organic brain yndromes and marked lobotomy effects. These findings are not revealed on standard psychological tests, but they can be linically observed and even quantified on special tests.

Tow (2) long ago demonstrated in an elegant and detailed book that although postlobotomy patients may perform well on standard, structured tests, they fail miserably on tests requiring the display of initiative, autonomy, flexibility, or independent judgment and planning. They also lose their emotional sensitivity, capacity to empathize, and sense of self. In the words of Tow, himself a prolobotomist, the

patients become "more simple."

Tow devised a variety of tests and used some conventional ones that any investigator might draw on to test for lobotomy effects. Most striking, perhaps, in Tow's work were preand postlobotomy autobiographical sketches. In some cases, patients who had written elaborate prehobotomy autobiographies were rendered unable to begin the task after surgery. In other cases, patients previously without signs of psychosis wrote schizophrenic-like postlobotomy sketches dominated by a bizarrely described sense of having been damaged by outside forces. In almost all cases, the postlobotomy sketches became flat, unimaginarive, mechanistic, and simplified.

The article by Tippin and Herm is written as if we have no well-documented studies of the adverse effects of lobotomy. Even if the authors were to declare that they observed no such effects, it would not substitute for objective, double-blind studies of these effects. In fact, patients should not be subjected to these operations without being informed about the well-known, devastating effects of lobotomy on the higher mental functioning of the individual.

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What Cost Leukotomy?

SIR: It is imfortunate to discover the continuing publication of unsophisticated, conventional promotional pieces for lobotomy. I specifically refer to "Modified Leukotomy in the Treatment of Intractable Obsessional Neurosis" by Jon Tippin, M.D., and Fritz A. Henn, Ph.D., M.D. (December 1982 issue). Although the article cited me as a critic of lobotomy, the reference to my work that it provided is more than 10 years old and almost unavailable. I would suggest a more recent and complete critique of lobotomy and psychosurgery (1). In addition, the study wholly failed to meet any of the criticism that has been made of such studies.

The real question is, "What cost lobotomy?" What does the surgery do to the patient, and is the patient informed