The patient had an uneventful recovery and was discharged to the outpatient clinic.

Comment.—The clinical response of this patient to clindamycin was comparable to that seen with penicillin. The results of serum inhibition testing during treatment, serial blood cultures, and cultures of the valve removed at surgery confirmed the efficacy of the drug in this patient. Clindamycin would appear to be an acceptable alternative to penicillin in the treatment of a penicillin-allergic patient with pneumococcal endocarditis.

Psychosurgery

To the Editor.—THE JOURNAL (225:916, 1973) described me as "Undoubtedly the one person most responsible for politicizing psychosurgery. . . ." In this and a succeeding article (226:1035, 1973), the writer defends lobotomists and psychosurgeons and promotes their work as pure science unappallingly corrupted by political attacks. Nothing could be further from the truth. The psychosurgeons offer no more scientific evidence than they did in the first disastrous wave of lobotomies and as early as 1967 attempted to gain public and congressional support for their work by linking it to political fears of violent ghetto uprisings and assassinations. I only entered the political arena as a counterforce to their own strenuous political campaign.

Drs. Mark, Sweet, Ervin, and Delgado were featured (1968) in a cover story in Life. On the cover were pictures of Sirhan Sirhan and Earl Ray with the headlines, "The Two Accused," and "The Psychology of Violence." The article itself described how "a young science offers insight and a potential remedy for a worried society.

This was part of a concerted effort to link their work to political fear. Mark, Sweet, and Ervin published a letter in THE JOURNAL (201:895, 1967) attempting to show that brain disease was a major factor in ghetto riots, an allegation without scientific merit that has since brought them serious criticism from the black community.2 Mark and Ervin followed this letter with an article describing their surgery in which they state that brain disease is "equally important" to political, social and psychological factors as a cause of civil disorder and political unrest.3 Even as recently as 1972, Drs. Sweet and Mark have continued to affirm statements linking their work to the control of racial problems.

This political orientation was again manifested when Drs. Mark, Ervin, and Sweet went directly to Congress and the Justice Department for funds to support their efforts to predict and treat violence. In projects that were coordinated to work together, Dr. Ervin was awarded $200,000 and Dr. Mark $500,000 to be spent through the National Institute of Mental Health. Thus, they bypassed customary peer review methods for obtaining funds by going directly through a political route. Nonetheless, they ultimately ran into peer resistance when the Massachusetts General Hospital rejected the brain surgery part of their research. Both grants have since been stopped; state funded projects in California, Missouri, Oregon, Michigan, and Virginia have been called off; a number of professional groups, including the American Orthopsychiatric Association and the Medical Committee on Human Rights have criticized psychosurgery; neurologist Robert Grimm has written a brief against psychosurgery for the American Civil Liberties Union; and a three-judge panel in Michigan has declared psychosurgery unconstitutional in the state hospitals.

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Numerous data and bibliographic references on psychosurgery are available from the writer.

Fisher B, Breigon, MD
3610 New Hampshire Ave, NW
Washington, DC 20009