

# Access Press

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*History Note*

## Lobotomies were 'suitable' treatment

by Luther Granquist

In 1949, a neurosurgeon from the Mayo Clinic and the Superintendent of Rochester State Hospital wrote that prefrontal lobotomy was generally recognized as a suitable treatment of certain types of mental illness when more conservative measures failed to produce permanent results. A prefrontal lobotomy involved cutting nerve fibers of the frontal lobe of the brain, in some instances using an ice pick inserted through the eye socket. The superintendents of Minnesota's state hospitals, all doctors at the time, discussed issues relating to lobotomies in great detail in four meetings held in 1950 and 1951. Dr. Magnus Petersen, the Rochester State Hospital superintendent, reported that of 141 cases, 30 persons were restored to productive life at home or on the job and that 68 of them were "much improved." These doctors also noted that the operation brings new problems such as inertia, apathy, stereotyped behavior, indifference and lack of imagination. Nevertheless, Dr. Ralph Rossen, the Commissioner of Mental Health, urged immediate operations on 500 persons. The minutes of their meetings show that these doctors considered the procedure worth using and that they sought to inform themselves about who might benefit most. They also emphasized that "selection of patients should depend upon the psychiatrist's individual experiences and clinical judgment."

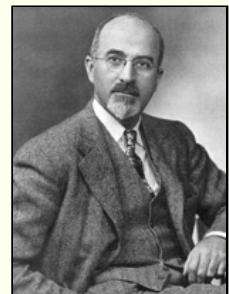
Jack El-Hai, the Minneapolis-based author of *The Lobotomist*, a biography of Walter Freeman, a doctor who vigorously promoted lobotomies, reported in the October 1999 issue of *Minnesota Medicine* that more than 500 patients in the Minnesota state hospital system received lobotomies. Almost all were before 1960, because Thorazine, introduced in the mid-1950s, replaced the ice pick. Nevertheless, in 1971, the Minnesota Department of Public Welfare Policy on Prefrontal Lobotomy stated that "despite obvious disadvantages and hazards it should remain a part of the therapeutic armamentarium," although to be done only at Rochester State Hospital. That policy required informed consent of the patient or the patient's guardian, an issue not mentioned once in the minutes of the superintendents' meetings in 1950 and 1951, and approval by medical specialists from outside the state hospital system. El-Hai reported that Rochester's lobotomy review committee recommended the procedure as late as 1978. None have been done since Rochester State Hospital closed in 1982.

*The History Note is a monthly column sponsored by the Minnesota Governor's Council on Developmental Disabilities, [www.mnddc.org](http://www.mnddc.org) or [www.mncdd.org](http://www.mncdd.org) and [www.partnersinpolicymaking.com](http://www.partnersinpolicymaking.com) ■*

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The plastic skull and screwdriver (see more details below)



The plastic skull (with its top removed) and screwdriver pictured at above, show how metal probes inserted through the bony roofs of the orbits (eye-sockets) enable Dr. Walter Freeman to access the brain's frontal lobes.

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