

MINNESOTA SCHOOL AND COLONY

Faribault, Minnesota

March 6, 1951

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Commissioner of Mental Health  
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Minneapolis 2, Minnesota

Dear Doctor Rossen:

In response to your letter relative to the discussion at the Superintendents' meeting on selection of patients for pre-frontal lobotomy, I have read the paper written by Harold Buckstein on this subject for presentation at the Superintendents' meeting with a great deal of interest.

As you know, this procedure has been and is being carried out in certain carefully selected mentally defective patients, but the results thus far have not been sufficiently conclusive to formulate definite criteria to be followed. You may remember that there was some discussion of this subject at the Institute meeting in St. Louis last October. During that meeting I discussed the matter with some of the superintendents of institutions for mental defectives and learned that Dr. Harry C. Storrs of Letchworth Village was interested in this procedure. On Jan. 29th I wrote him, and on Feb. 2, 1951 received a letter from which I should like to quote portions, as I believe they will be of as much interest to you as they were to me.

"This Operation has interested me very much and I have tried for the past two or three years to get someone to perform some of these operations on our compulsive, over-active, self-mutilative patients. It was extremely difficult to arouse the interest of any brain surgeon. The facts seemed to be that these men were all too busy performing the operation on the psychotic and felt that they had no time to waste on the mentally defective. Our interest became very much aroused when we admitted to this institution a girl upon whom the operation had been performed. Her mother stated that the girl was absolutely impossible before the operation, that she would bite, throw her food, and attempt to injure anyone who came near her. The mother could not manage her and hired attendants and nurses. The girl was so abusive that these people would not stay with her and care for her, but resigned after a few days work. Here in the institution the girl is now a sailing, pleasant idiot, perfectly happy, perfectly tractable. It is true that she has a slight hemiplegia and does have convulsions, both conditions undoubtedly

"residuals of the operation. In spite of this, the mother feels that the operation was a tremendous success and says that the girl is now 1000% improved.

"Dr, Yepsen told me of a case in New Jersey, of a man being cared for by two rather elderly women. It seems that they had cared for this man since he was a boy and as he had grown older, he had become more assaultive and difficult, and that because of age they had been less able to manage him. The description Dr. Yepsen gave was as though they kept this man virtually in a cage. Because of advancing age, the women felt that they could no longer care for the patient and other provisions would have to be made. Somebody suggested that a lobotomy be attempted. This was done by the trans-orbital method and the improvement in the man was so marked that the two elderly women are still caring for him.

"These two cases seem to offer hope that some of our difficult cases could be helped by operation.

"In the literature there are a few articles dealing with lobotomy in cases of mental deficiency. There are two papers from England. One is "Lubotomy in the Treatment of Psychopathic Feebleminded Patients in a State Mental Deficiency Institution." This was published by Mackay (F.W.) 1948. This is about twenty patients who were operated on, mostly behavior problems, violent, impulsive, distinctive individuals. Their mentality was apparently on the moron or high imbecile level. Seven were considered recovered or markedly improved, seven improved, and five showed little or no change. The other paper by M. Engler, "Prefrontal Lubotomy in Mental Defectives," JOURNAL OF MENTAL SCIENCE, Vol. 94, pp 844-850, October, 1948, deals with a larger series of patients. Forty-three low grade, distinctive, excitable defectives were operated on. The results were rather unsatisfactory, 13% died, 4% improved markedly, 18% improved slightly, 34% remained unchanged and 31% became worse. As you will note, these two papers refer to two different types of patients and the results are not too conclusive. There was a paper written by some physician in Paris who reported on three patients who were more like the type in which we are interested, the low grade, hyper-active, self-mutilating idiot. He claimed that they became placid and well-behaved after the operation.

"We have performed three operations here, one on ft self-mutllatlve girl about sixteen of idiot mentality. This girl was operated on three weeks ago and so far has shown no change in her behavior. A boy was operated upon two weeks ago who was a compulsive vomiter. He seems to show improvement, though he still vomits occasionally. The third was a younger child, self-mutilative, who was operated on ten days ago and she seems very much quieter. We hope to do a few more and then evaluate results. I would appreciate it, if you felt so inclined, if you would write me a little statement in some detail as to your results.

"We have been using electric shock treatments for the past six months or more but have seen very little, if any, improvement in the general run of the patients. One or two have shown improvement. We expect to do a series of about fifty and then evaluate the results. My impression at present is that the results will be disappointing. The work has been done on the low grade child, again the over-active, compulsive child. Where people have reported good results, I have wondered if it might not be that they have been patients who were high grade, mentally defective individuals who had developed a psychosis and been committed to a state hospital."

When I attended the Planning Board meeting of the American Association on Mental Deficiency at the Polk State School, I was interested to see a patient having persistent vomiting, which Dr. Walker believed was on a compulsive basis. The patient was a male of low intelligence and apparently in his early twenties. Dr. Walker was giving serious consideration to having the prefrontal lobotomy performed on this patient, as these symptoms had been resistant to all other forms of treatment, and Dr. Storrs, who was present at the time this case was being discussed, believed that such treatment was justified and might offer some hope of a favorable result.

I have been unable to find a great deal in the literature that is helpful in the study of this subject. The Journal of Mental Science published by authority of the Royal Medico-Psychological Association, July, 1946, carried the following article:

"CLINICAL SURVEY AND RESULTS OF 200 CASES OF PREFRONTAL LEUCOTOMY.

By Jan Frank, M. D.

Graylingwell Hospital, Chichester

"Aggressive oligophrenic psychopathy. - These were, with but one exception, mental defectives whose behavior disorder was characterized either by Very frequent episodes of blind aggressiveness, threatening other patients or actually causing them grievous harm, or by destructive tantrums which made their social adjustment impossible and necessitated hospitalization. Attempted conservative remedial measure had been unsuccessful. Two were imbeciles: 8 had an I. Q. ranging from 50 to 75 (Raven's Progressive Matrices, Herring, Modified Stanford-Binet). The results are rather disappointing. In 7 some amelioration of aggressiveness was noticeable; 2, however, after 8 months and a year respectively of freedom from attacks, and after having been discharged and successfully employed, relapsed and had to be admitted to other mental hospitals. The only social recovery of this group has been a man of good general intelligence. The impulsive murderous episodes with some reactive schizophrenic colouring from which he suffered for 4 years at frequent intervals have ceased since the operation 14 months ago. To state whether leucotomy would be a suitable treatment for unmanageable aggressive psychopathies with average general intelligence needs, of course, much more experience than we have in this hospital."

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I remember seeing an article by a doctor of the Devereaux Schools reporting two mentally defective patients on whom prefrontal lobotomies were performed with improvement, but in each of those cases the symptoms were strongly suggestive of a schizophrenic condition superimposed upon the defective state.

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Five patients who have been in this institution and transferred because of their disturbed state have had the lobotomy operation elsewhere, and we have one patient who is now under observation at the Rochester State Hospital for consideration for this procedure. We feel that our series is too small to justify any definite conclusions, but are interested in following out this procedure in other carefully selected cases, hoping that the results will be sufficiently encouraging to prove of value.

I wish we might have a discussion of this matter at the Superintendents meeting that will be held here in April, and that some of the patients showing symptoms justifying consideration of the operation might be reviewed with those present.

Very truly yours,

E. J. Engberg, M. D.  
Superintendent

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