

50-DOL-DPW
RETYPE FROM ORIGINAL

MINUTES OF SUPERINTENDENTS' MEETING

Friday, September 22, 1950

I. Plans for Mental Health Day

It was decided that after a brief introduction by Dr. Rossen the following superintendents would speak on the topics indicated:

- Dr. Miller: Integration of Patient Program
- Dr. Gowan: Follow-up and Rehabilitation
- Dr. Bradley: Alcoholism and Addiction
- Dr. Grimes: ADI and the Psychopathic Personality
- Dr. Engberg: Mental Deficiency
- Dr. Brown: Training
- Dr. Gully: Convulsive Disorders
- Dr. Petersen: Some Aspects of Overall Therapy
- Mr. Jackson: Construction Completed and Projected Needs

Dr. Rossen informed the superintendents he would notify them of the portions of their reports which could be used in these talks and of the time available for each, and in addition promised to have apparatus on hand so that tape recordings for possible radio production could be made.

II. Medical Program

Lobotomy was discussed by Dr. Buchstein. Certain symptoms, especially fear, worry, apprehension and depression, are relieved in 85% of patients operated on. The selection of patients with these symptoms seems more important in terms of results than picking them from any one diagnostic category. Assaultiveness, aggressiveness, overactivity and obsessive compulsive symptoms are often relieved by this measure, but less frequently. The operation itself brings new

problems postoperatively in the form of inertia, apathy, stereotyped behavior, indifference, and lack of imagination. Therefore, in considering the operation one must weigh the possible gains against the possible losses which might result, and in general should select those patients having symptoms which we know the operation is apt to relieve. Three types of goals should be kept in mind, the optimum being to have the patient on a self-supporting status at home. This has been achieved in roughly 25% of cases. A second goal would be to have the patient with his family but not self-supporting; and a third objective would be to relieve enough assaultiveness so that the patient's hospital residence would be more productive and satisfactory.

From a diagnostic point of view those with the affective psychoses who have been hospitalized for several years and have had electric shock with no prolonged benefit fall into the optimum group. Patients with obsessive compulsive neuroses also belong in this category. It is with the schizophrenic that the decision is most difficult. A long illness of 10 to 20 years seems to contraindicate any startling gain through operation. Therefore, a patient with dementia praecox who has spent 2 to 3 years in a state hospital without improvement should be brought up for consideration of surgery.

Dr. Buchstein, in conclusion, recommended a new book, "Studies in Lobotomy", edited by Doctors Greenblatt, Arnot and Solomon, and published by Grune and Stratton. This book answers almost all questions pertaining to lobotomies, and was recommended as an addition to the library of each of the state hospitals.

Dr. Petersen, in discussing Dr. Buchstein's views, stressed the necessity of discussing patients operated by a given technique, and Dr. Rossen recommended that the next professional meeting of the superintendents be devoted to the first of a series of three-hour discussions on lobotomy. The literature will be reviewed and special aspects of the problem brought up for discussion in each of these meetings.

In regard to time arrangements for further professional meetings, the majority voted for a two-day meeting and it was agreed that the administrative meeting will be held Thursday afternoon, followed by a social hour and dinner, and the medical meeting Friday morning. Dr. Grimes' paper on electric shock, which he announced would embrace special techniques, various frequencies of treatment, and adjunctive drugs, was deferred to a subsequent meeting.

NOTE: Your progress reports will be multilithed, and tape recordings will be made. We are not yet sure at this moment what the radio programs will be. Further information will be sent you.

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