

minutes of

SUPERINTENDENTS' MEETING \* MEDICAL SESSION

Friday, January 19, 1951

Hotel Radisson, Minneapolis

The question of redistribution of the admission load after opening of the admitting hospitals at Hastings, Anoka and Willmar was discussed. It was suggested that Anoka receive part of the admissions from Hennepin County, Hastings part of those from Ramsey County, and Willmar part of those from western Hennepin County. A committee of Dr. Petersen, Dr. Grimes, and Dr. Hutchinson was appointed to study the case sources and case loads and recommend redistribution of cases to the admitting hospitals.

Care of senile patients, who now number nearly 40% of admissions (exceeding Schizophrenics) was discussed. Difficulties have arisen in some quarters because of the commitment of these persons as mentally ill, thus making it impossible for the superintendent to deny admission of the patient.

A discussion of "Further Considerations for Lobotomy" was led by Dr. Magnus Petersen. Dr. Petersen stated that Rochester would today have 130 more clinic patients had it not been for the operation. Dr. Rossen recommended consideration of Dr. Petersen's methods of collecting and handling his statistical data and also the indications for lobotomy in the mentally deficient. He asked that the group consider the experimental methods they thought most valuable.

Dr. Petersen stated that no rigid criteria should be set for candidates for the operation, and that selection of patients should depend upon the psychiatrist's individual experiences and clinical judgment. He again emphasized that the grading of the operation was important; the more severe the cutting the greater the inertia. In choosing our goals we must consider the chronic disturbed patients who post-operatively will make a better hospital adjustment but who may not be able to leave the hospital. In selection of such patients the length of illness is not overly important. The selective cutting of the upper, middle, and lower thirds of the frontal poles was discussed. The grade 3 operation as defined by Love also severs supra-orbital fibres principally. Some patients have been operated with a modified grade 4 operation which spares these. In the latter operation the surgeon begins his cutting 2cm. above the sphenoid wing. The operation seems to result in less confusion. Dr. Brown reported that the use of the Scoville operation in 6 patients at Hastings has not produced activation as Dr. Freeman suggested it would.

Dr. Petersen recommended not concentrating entirely on the group with the poorest prognosis. A higher discharge rate will result from operation of more recent cases. Dr. Rossen urged immediate plans for the operation of 500 cases now existing, and the problem of handling operatees in such large numbers was discussed. The total push following the operation requires considerable time, effort, and individual attention.

Dr. Buchstein also advocated treatment of early cases, drawing a parallel between early Schizophrenia and early cancer from a surgical standpoint, and Dr. Gowan seconded this idea, recommending that from 2/3 to 3/4 of all our effort be expended on early cases. All agreed on treatment of the new patient and felt that the program had placed a great deal of emphasis upon the "back ward" patient.

Dr. Buchstein stated that after two years in a state hospital every patient should be reviewed in regard to lobotomy. This should be done earlier if the patient was privately hospitalized prior to his state hospital admission. Dr. Rossen asked for a definition of criteria in regard to diagnosis, symptoms, duration and age group. The time consumed in making a proper differential diagnosis and in securing an adequate patient history was emphasized.

Dr. Petersen noted that operation of those in acute manic excitement is contra-indicated, as it has in some cases resulted in chronic mania. The group seemed in agreement with Dr. Anderson, who reported the preference of many for multiple shock treatments in the acutely manic patient. Dr. Rossen urged us to study the difference in therapeutic results between 1000 cases treated between 1925-30 and a similar group treated since the advent of electric shock therapy, insulin therapy and lobotomy. Dr. Petersen showed three slides which show his lobotomy results. These are reproduced in detail for study.

Dr. Brown noted that in the Fergus Falls group those with higher education did better, but it was argued that those who had received a higher education had had a later onset of illness so would logically have a better prognosis.

Dr. Gowan again emphasized that selection of patients was a matter of clinical judgment, and proposed that the group might well study the physiology and anatomy of the frontal lobes at the next meeting. Arrangements will be made to have Dr. Lawrence Kolb of the Mayo Clinic lead this discussion, assisted by Drs. Buchstein and Titrud.

Dr. Hutchinson requested an analysis of results obtained when combining electric shock treatments with insulin therapy and it was agreed that this would be taken up at a subsequent meeting.

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# RESULTS IN SCHIZOPHRENIC PSYCHOSES

<u>diagnosis</u>	<u>social ad- justment</u>	<u>much im- proved</u>	<u>slightly improved</u>	<u>not im- proved</u>	<u>died</u>	<u>total</u>
paranoid condition	2	2	0	0	1	5
schiso-affective psychoses	18	15	1	1	0	35
schizophrenia (hebephrenic)	4	25	11	7	1	48
schizophrenia (catatonic)	2	17	5	8	0	32
schizophrenia (paranoid)	4	9	3	5	0	21
total	30	68	20	21	2	141

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## CLINICAL RESULTS IN RELATION TO DURATION OF PSYCHOSIS

<u>duration</u>	<u>total</u>	<u>social ad- justment</u>	<u>much im- proved</u>	<u>slightly improved</u>	<u>not im- proved</u>	<u>died</u>
6 - 11 mos.	9	7	1	0	0	1
1 - 2 years	33	13	11	5	3	1
3 - 4 "	54	25	22	6	1	0
5 - 9 "	74	12	41	12	8	1
10 - 19 "	54	14	24	5	8	3
20 "	16	1	5	4	6	0

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The above are some of the slides shown by Dr. Petersen at the Superintendents' meeting on January 19, 1951.

# LOBOTOMY IN MENTAL DEFICIENCY

<u>diagnosis</u>	<u>social ad- justment</u>	<u>much im- proved</u>	<u>slightly improved</u>	<u>not im- proved</u>	<u>died</u>	<u>total</u>
psychosis with mental deficiency	1	2	1	1	1	6
psychoneurosis	2	0	0	0	0	2
psychosis with epilepsy	0	0	0	1	0	1
Huntington's Chorea	0	0	1	0	0	1
dementia paralytica	0	1	0	0	0	1
total	3	3	2	2	1	11

From slides shown by Dr. Petersen at Superintendents' meeting on January 19, 1951.