

Office Memorandum

DEPARTMENT

Public Welfare

TO : Dr. J. R. Carrie, Director, EEG Laboratory
Rochester State Hospital

FROM : David J. Vail, M. D. *DJ*
Medical Director

SUBJECT: Amygdalotomy

DATE: Mar. 28, 1967

Thank you for your letter of March 21, 1967, concerning the prospects of carrying out the operation of amygdalotomy on certain patients in our state institutions, and the copy of the informative letter you have sent to the various hospital medical directors. I think your interest in this is very commendable, as this and other advanced neurosurgical procedures may have much to offer some of our patients, especially those who have been beyond the reach of any therapeutic measures thus far. I talked to Dr. Tyce by telephone about such techniques a few weeks ago and very possibly he may have mentioned this to you.

We have learned from experience that we must prepare carefully for the introduction of new treatment techniques, and approach their use as we would approach a research endeavor. This will require that the proposal be written up ahead of time, specifying the selection of cases, the numbers anticipated, the control and evaluation techniques, and of course describing the procedure itself. Such proposal must be written up on the form and in the manner shown in the attachments and submitted for approval to the Mental Health Medical Policy Committee, which is charged by law with "guidance" of research in the state program. This means extra work for everyone, but it is a good safeguard in the interest of the patients affected and the general public.

We have modeled the application method after that used by the National Institutes of Health, and we like to think that the same general quality of review applies, though without the long time lags involved in such applications. The next meeting of the Mental Health Medical Policy Committee, at which this project might be reviewed, would be probably in early May.

I should make it clear that "new" in such instances means "new for us." Amygdalotomy may well be a standardized procedure, but we have not tried it on behalf of our population to any appreciable extent that I am aware of. Your letter to the various medical directors indicates a connection with temporal lobe epilepsy. Whether the latter fits the case or not I don't know, but we do have many patients, especially in our institutions for the retarded, who are given to severe and repetitive behaviors that may be destructive to others or self-destructive in the extreme. On observing such behavior one is impressed with the possibility that some deep-seated drive state may be in process; some have speculated about a possible connection with centers having to do with psychic pain. If some means could be found of relieving these behavior patterns without destroying such intactness of personality as may exist, the families of these unfortunate patients and the staff who take care of them would be deeply grateful, I assure you.

Dr. J. R. Carrie - #2

Mar. 28, 1967

I trust that the above procedural requirements will not be too burdensome; if you should have any questions, please contact our Research Section, attention Mr. Joseph Lucero, Research Coordinator.

Thank you for your interest.

DJV:rcj
Enclosures

cc - Medical Services Division Institutions
Attention: Medical Directors
Mental Health Medical Policy Committee
Task Force

*Office Memorandum*DEPARTMENT Public Welfare

TO : Dr. E. J. Engb rg, Supt.
Faribault State Hospital

DATE: May 4, 1967

FROM : David J. Vail, M. D.
Medical Director

SUBJECT: Amygdalotomy

Thank you for your note of April 26, 1967, concerning Dr. Carrie's visit. I hope that something can be worked out. It seems to me that you would have some suitable cases, and as I have commented in many instances, almost anything would be worth trying if it would give them a chance for some better life.

Dr. Carrie has submitted his protocol to the Policy Committee, which will take it up on May 17, 1967. I would say that his proposal is very well done, and I have no doubt that the committee will approve it.

DJV:rcj