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SURGERY FOR SICK MINDS



A hospital report describes the successful results of a simple operation that can help victims of mental illness

by *William Engle*

Always there were the voices. On some days, they talked to her all day long. It was strange, she often said, that no one else could hear them.

Sometimes they said to her, "Over there in the corner, a man is waiting with a death ray. Scream and run!" At other times, they whispered, "What's the use of always being afraid? Kill yourself!"

Her name, let's say, was Jennie Brown. It might be almost any name, for there are thousands like her, all over the country, living in that sad and terrifying half-world of the mentally disturbed. She was a patient in the New Jersey State Hospital at Trenton, a facility of the Department of Institutions and Agencies, whose head is Commissioner Sanford Bates. She had been taken there as a young woman and had lived there into middle age, hearing voices, dreading the shadows.

That's the way she was a while ago when the doctors, one day, talked to her family. They said that everything they'd done had failed. Repeated courses of treatment, including electric shock, psychotherapy, occupational therapy, recreational therapy and insulin shock, hadn't helped.

"But we think now," one of them said, "that psychosurgery might help."

"We don't know what that means," Jennie's father said. "Psycho is for the mind, isn't it? Is it surgery for the mind?"

"Something like that," the doctor answered. "It's really a simple operation, but we need your permission to perform it."

The family gave permission and the doctors prepared to operate on a woman who for 16 years had been lost among the terrors and confusions of the mental illness known as schizophrenia.

Reports of earlier cases had shown that the operation, called a transorbital lobotomy, had helped patients whose mental trouble had been brief. The question with Jennie Brown was: Could it change a mental state that had lasted for almost a quarter of a lifetime—change it and keep it changed?

She was taken into a small operating room, off the ward, and given an electric shock treatment. The short period of unconsciousness following the induced convulsion was long enough for the surgery.

One of the doctors took a small, slender, sharp, stainless steel instrument called a leucotome. Drawing up one of Jennie's eyelids, he pressed the point of the instrument inward, parallel with the bridge of the nose,

and through the thin orbital plate.

He swept the point from side to side. Then, withdrawing it, he used another leucotome in the same way on the other side.

That was the operation. In the hands of the skilled surgeon, the leucotome did its work in 10 minutes. The object was to sever the nerve pathways between two parts of the brain, a lobe and the thalamus.

What happened to Jennie Brown's personality when those pathways were cut? No one on earth knows exactly. She was put to bed after the operation, and when she regained consciousness she was confused, as she had been at other times after she'd had electric shock. But gradually, hour by hour, and day by day, the confusion cleared. Jennie began to talk rationally for the first time since she was a young woman.

"How do you feel?" a doctor asked her.

"I don't hear any more voices," she said.

"I'm not afraid any more."

It's been two years, now, since she came out of the half-world where her family had thought she would stay until she died.

Jennie Brown's story points up the significant work that's being done today for long-standing cases at Trenton. Four hundred of those cases have just been reviewed by several hospital psychiatrists and the results recently published. Some of the patients had been so mentally ill that they'd been confined to their own four walls. Others had been in the hospital half a lifetime. The average duration of illness was 11 years.

More than half of them, after the operation, came all the way out of the shadows. Some went home to their families. Others, though free of the fears and the outbursts, have remained for more treatment. Besides this half, so profoundly improved, a third more also have shown much improvement. Heeding these facts, the doctors urge that this type of operation be considered for all chronically disturbed patients.

Yet the mystery of personality remains. Surgeons suggest that somehow the brain lobe is the seat of human fantasy, where the "voices" originate. Somehow the lobe passes on the fantasy to the thalamus, which orders reactions of fear or rage or grief. Cut the pathways from lobe to thalamus, the doctors say, and the message can't get through.

Whether that's exactly what happens or not isn't of first importance now. The result is the thing and the result is this: Fugitives from reality are coming back—including Jennie Brown.

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