

Harmless and Effective Lobotomies: A History Lesson

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STORY AT-A-GLANCE

- › The first lobotomy was performed by the Swiss psychiatrist Gottlieb Burckhardt in the late 19th century
- › For a few decades, his research was sitting on the backburner until in the early 1930s, Portuguese neurologist António Moniz and his colleague Almeida Lima brought it back
- › In 1936, the New York Times lauded lobotomy as “the new surgery of the soul,” and in 1949, António Egas Moniz received a Nobel prize
- › In North America, the destructive procedure was touted by neurologist Walter Freeman and neurosurgeon James Watts
- › The total number of lobotomies performed in the America, often without consent, was between 50,000 and 60,000
- › Dr. Peter Breggin played an instrumental role in fighting against the comeback of lobotomy in the United States

When we ponder past acts of medical barbarism, we often feel flabbergasted by how the people committing atrocities failed to notice the barbarism of what they did. Like, was it really so hard to see that blindly fiddling around with a sharp instrument inside one's brain — or hammering an “icepick” into one's brain — was a “treatment” from hell?

Was it really so hard to see that treating the so called “female hysteria” by surgical removal or mutilation of sexual organs was an abysmal act? Was it really so hard to see that forced sterilization of the people whose breeding was deemed unacceptable by the

establishment was a genocidal twist? Evidently, it was hard to see. But there is a simple explanation for that. Two explanations, actually.

One, every barbaric choice can be justified within the ideological parameters of the mind that makes that choice. Even the most twisted plot has a certain internal logic to it — and for those living in an upside-down world, down is up, and up is down. When one blindly believes “the authorities” and turns off one’s instinctive, life-respecting knowledge of the world, one can easily be tricked into believing in the goodness of the most barbaric things.

Two, when one’s mind decides to go for the arrogant dehumanization of others and denying them their free will — in the name of one’s idea of God, science, or public health — something important breaks, and one turns into a heartless sadist. And when enough of those heartless sadists are in positions of power, they keep turning things upside down for everybody else.

The Gruesome Procedure

Lobotomy is a surgical procedure that involves severing the nerve connections between the frontal lobe and other regions of the brain. At the time of its use, its purpose was to treat schizophrenia and reduce agitation, depression, anxiety, and other symptoms of mental health conditions.

One of the earliest versions of lobotomy involved drilling holes in a patient’s head and injecting ethanol into their brain to destroy the nerve connections. This later evolved into the prefrontal and transorbital lobotomy, involving an ice pick-like surgical instrument called a leucotome.

For the prefrontal lobotomy, the surgeon drilled holes in the person’s skull and then used a leucotome to manually sever the nerves between the frontal lobe and other regions of the brain. For transorbital lobotomy, the surgeon accessed the person’s brain through their eye sockets.

History of Lobotomy

The [first](#) known lobotomy was performed by the Swiss psychiatrist Gottlieb Burckhardt in the late 19th century. Working with a small number of severely ill schizophrenic patients, Burckhardt removed segments of their brains to treat mental health conditions and to change the patient, in his words, from “an excited to a quieter demented [schizophrenic] person.”¹

“In his landmark research, which he reported in 1891, Burckhardt performed and documented multiple open-brain surgical procedures on six schizophrenic patients over the span of 10 years — with varying degrees of success. His results ranged from patients being successfully “quieted” by the procedure (which was the case for three of the six patients) to one patient passing away from postoperative complications.”²

Burckhardt’s research was rejected by the medical community for being disturbing and ineffective. After the publication of his results, he abandoned his research, and the methodology faded into oblivion for a few decades.³

In the early 1930s, Portuguese neurologist António Egas Moniz and his colleague Almeida Lima resurrected and started further exploring the principles of Burckhardt’s research.⁴

“To further refine Burckhardt’s surgical technique, the duo developed a more targeted, specific process called the leucotomy, which involved inserting a small surgical rod with a retractable wire loop (called the leucotome) into the brain. The instrument could then be used to cavitate areas of white matter, with the express intent of altering a patient’s disposition.”^{5,6}

“With a body of research that was very much in its infancy and without having produced convincing results to support their new technique, Moniz and Lima began promoting the controversial procedure across Europe with charisma and political savvy.

Indeed, it was then that the lobotomy began to gain acceptance as a primary treatment for psychiatric disease — even though Moniz and Lima kept poor records of patient

follow-up and even had returned some patients to asylums postoperatively, never to be seen again.”⁷

In 1936, the New York Times **lauded** lobotomy as a “the new surgery of the soul.” In 1949, Moniz **received a Nobel prize** “for his discovery of the therapeutic value of leucotomy in certain psychoses.”

Meanwhile, in North America, lobotomy was touted by neurologist Walter Freeman and neurosurgeon James Watts who modified the procedure to require only a small burr hole “that could be drilled superior to the zygomatic arch for the insertion of the leucotome.”

Later, Freeman adopted a transorbital approach that required “nothing more than a simple, ice pick-like instrument that could be tapped through the orbital bone and swept across the prefrontal cortex. He quickly and eagerly adopted this method in the late 1930s.”⁸ The method required no anesthesia, and the patients were made unconscious prior to the surgery using an electroshock.

That new approach simplified the procedure so much that Freeman started performing lobotomies on his own, outside the operating room.⁹ That caused a rift between the two colleagues. In addition to that, Watts was allegedly disheartened by the lack of sanitary standards in Freeman’s new technique.

Freeman went on with his plight of popularizing the transorbital lobotomy throughout North America.¹⁰ “He was personally responsible for anywhere from 3000 to 4000 lobotomies, including the ones he performed as a traveling physician in his van, **later dubbed lobotomobile.**”

Relapses among his patients were **common**, some of the people he operated never recovered, and about 15%¹¹ died from the procedure. In 1951, his patient at Iowa's Cherokee Mental Health Institute died when Freeman stopped for a photo during the procedure, and the surgical instrument accidentally penetrated too far into the patient's brain.¹² He performed lobotomies on nineteen children, including a four-year-old.

All in all, in America, somewhere between 50,000 and 60,000 lobotomies have been performed, **often without consent**. One of the reasons the adoption of lobotomy at the time was so “successful” was because it helped save costs.

According to **AIER**, “by 1949, the National Bureau of Mental Hygiene estimated there was one asylum employee per 21 patients. Medical historians estimate committed patients often received only 30 minutes of contact with a physician per month. Consequently, those managing asylums sought low-cost treatment options. The lobotomy provided such an opportunity.”

And according to Samuel Chavkin, author of “The Mind Stealers: Psychosurgery and Mind Control,” after World War II, lobotomy was often used to treat war veterans’ PTSD, also to reduce healthcare costs.

The “Controversy”

The **decline** of psychosurgery in the U.S. began in the 1950s, due to multiple factors including subpar outcomes and a large amount of adverse events.

“Social attitudes were shaped by negative depictions in literature and film, including notable examples such as One Flew Over the Cuckoo’s Nest. It also became apparent that some institutionalized or incapacitated patients were lobotomized without informed consent, and procedures may have been performed on prisoners to address dysfunctional behavior as opposed to mental illness.”¹³

The controversy surrounding psychosurgery was instrumental in developing modern standards for research and ethics, with the passing of the National Research Act of 1974 and subsequent publication of the Belmont Report, which outlined the principles of informed consent and guidelines regarding the performance of medical procedures and research.”

An important factor was a turn toward pharmacotherapy, particularly with the advent of lithium¹⁴ and chlorpromazine.¹⁵

End of Barbarism

In America, the ultimate decline of lobotomy can be credited to [Dr. Peter Breggin](#) who fought hard against the resurgence of the barbaric practice.

“During the 1970s Dr. Breggin began his reform work by organizing an international campaign to stop the resurgence of lobotomy and other psychosurgery. For a period of several years, most of his time was spent on this campaign, which led to the creation of the International Center for the Study of Psychiatry and Psychology.

The best summary of this effort can be found in his book, co-authored with Ginger Breggin, [The War Against Children of Color](#). Dr. Breggin distributed ten thousand copies of his article in the Congressional Record, which was copied and distributed in even greater numbers by other reformers around the world.

A key event occurred in 1973 at a trial in Detroit, Kaimowitz v. Department of Mental Health, in which a three-judge panel responded to an injunction by Gabe Kaimowitz to stop experimental psychosurgery at the state hospital. The court adopted Dr. Breggin’s expert testimony at the trial and stopped the psychosurgery projects.

Dr. Breggin’s article “Psychosurgery for political purposes” provides the best description of the Kaimowitz victory. This court decision — as well as Dr. Breggin’s media appearances, publications, lectures and lobbying in the U.S. Congress — resulted in state hospitals throughout the nation giving up the practice.

Among other victories aimed at stopping psychosurgery, Dr. Breggin wrote Congressional legislation aimed at ending federal funding of psychosurgery and successfully lobbied Congress for the creation of the Psychosurgery Commission, which declared the treatment experimental. Eventually most psychosurgery projects were stopped not only in state hospitals, but also at NIH, VA hospitals and university medical centers.

In June 2002 Dr. Breggin was the psychiatric expert in a psychosurgery case against the Cleveland Clinic that ended with a jury verdict of \$7.5 million. After this, the Cleveland Clinic stopped performing the operation. Psychosurgery projects continue to be conducted at Harvard and Brown, but at few if any other places in the United States."

In my birth homeland of the [USSR](#), lobotomy had a very short lifespan. It was introduced in mid 1940s and banned in 1950, as pseudoscientific "bourgeois medicine." The plight to ban lobotomy in the USSR is credited to the Soviet psychiatrist Vasily Gilyarovsky. In Western Europe, lobotomy persisted into the 1970s, and into the [1980s](#) in Scandinavia.

Conclusion

So I guess, bye-bye, experimental lobotomies and hello, experimental genetic injections. Will we learn? Will the suffering of today's victims of mandated medical experimentation be redeemed by the future dissertations on the medical mistakes and transgressions of the 2020s? Are we cattle to them, or are we human beings with a free will? Asking for a friend.

About the Author

To find more of Tessa Lena's work, be sure to check out her bio, [Tessa Fights Robots](#).

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