



# The brain cutters

Lobotomy was barbaric but, as **Claire Prentice** discovers, in the 1960s it was still considered a cure for mental illness

**Archive on 4: Easier Than Curing a Toothache? The Story of Lobotomy** *Saturday 8pm Radio 4*



HOWARD DULLY was lobotomised in 1960, when he was just 12. He was not under anaesthetic. Sixty years later, he can remember in vivid detail the moment when a surgical instrument resembling an ice pick was hammered into his brain: "They tapped it through and wiggled it around with this egg-beater thing," he says. "To me it's insane. You're talking about a brain. Shouldn't there be some precision involved?"

Dully features in the *Archive on 4* I present this week. The programme combines archival interviews with lobotomy doctors, patients and their families, along with interviews I conducted with Dully and with neurosurgeons and medical historians. Much of it is hard to believe, but it is all true.

Eileen Davies suffered from postnatal depression and underwent two lobotomies that, she was promised, would be life-changing. When she returned to her London home after her second operation in 1966, Eileen was left apathetic and incontinent. "She was irreversibly damaged," her husband Sidney revealed in a 1970s BBC television documentary. "If I'd been told the grave dangers and the serious side-effects inherent in this procedure, under no circumstances would I have allowed her to have the operation." Eileen added, "I've cracked, haven't I?" Sidney gave up his job as a lorry driver to care for her.

Lobotomy is now viewed as one of the most

barbaric and misguided medical procedures of the 20th century, but it was once regarded as a miracle cure that would put an end to the suffering of patients with schizophrenia, obsessive compulsive disorder (OCD) and severe depression and anxiety.

A Portuguese neurologist called Egas Moniz devised the lobotomy – or leucotomy as it was then known – in the mid-1930s. The procedure involved using an instrument, a leucotome, to cut the connections between the frontal lobes and the rest of the brain. "It was based on this terribly crude, simplistic view of the brain," Henry Marsh, retired neurosurgeon and author of *Do No Harm: Stories of Life, Death and Brain Surgery*, tells me. "The idea was that you had



**NO FAN**  
Neurosurgeon  
Henry Marsh

obsessional thoughts running round and round and by interrupting the circuit you would stop them." The operation was born out of desperation, according to Ludvic Zrinzo, professor of neurosurgery at the National Hospital for Neurology and Neurosurgery in London. "Mental health issues were a massive problem for both patients, families and society, at a time when there were no medications available, when psychotherapy was either in its infancy or non-existent and people were grasping at straws," he says. But, as he points out, "The treatment was sometimes worse than the disease."

Britain was among the world's most enthusiastic adopters of lobotomy. More than 20,000 lobotomies were carried out in the UK, and surgeons in the UK performed proportionately more lobotomies than even their counterparts in the US. They had almost God-like powers when

it came to the selection of their patients and oversight could be haphazard or non-existent. There was often little or no discussion of risks and side effects.

**T**HE MOST PROLIFIC lobotomist in the UK was neurosurgeon Sir Wylie McKissock, who performed an estimated 3,000 lobotomies in the 1940s and 50s. He spent his weekends travelling around the south of England and Wales, performing lobotomies at smaller hospitals, and was notorious for emphasising speed in the operating room. While earlier lobotomies had taken up to eight hours, McKissock boasted he could lobotomise a patient in just six minutes.

Marsh describes McKissock's technique as "incredibly crude. He just drilled a hole on either side of the skull and then stuck a knife in... to sever the connections between the large part of the frontal lobes and the deeper parts of the brain. There was really very little science to it."

In the US, neurologist Walter Freeman per-

## 'More than 20,000 lobotomies were carried out here'

formed around 3,500 lobotomies. His patients included Howard Dully. Freeman devised the "transorbital lobotomy", which involved hammering leucotomes into the brain through the thin orbital bones at the back of the eye sockets. It could be done in under ten minutes.

Though men outnumbered women in American asylums in the 1940s and 1950s, female patients made up about 60 per cent of those who underwent lobotomy. Seventeen of Freeman's first 20 patients were women.

While a minority of patients appeared to benefit from lobotomy, the vast majority did not. Lobotomy began to fall out of favour as evidence of its poor results became increasingly apparent and following the introduction of the first wave

of effective psychiatric drugs in the mid-1950s.

Today the lobotomy has rightly been consigned to the medical history books, but a small group of neurosurgeons believe there is a role for surgery in the treatment of mental disorders such as OCD and severe depression. Among the techniques they are using is Deep Brain Stimulation (DBS), in which electrodes attached to a pacemaker are inserted into the brain, and ablative surgery, where a tiny part of malfunctioning brain tissue that is disrupting normal brain function is destroyed.

Both are surgeries of last resort, performed on patients for whom all other treatments have failed. DBS has been carried out on about 1,000 people worldwide. Prof Zrinzo, who is heard in the programme performing ablative surgery on a man with severe OCD, stresses that there can never be a return to lobotomy's dark days. "What we do nowadays is completely different, there is absolutely no similarity on any level."

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DAVID CRAWFORD

## PICK OF THE WEEK

**Radio 2 Celebrates Musicals**

*All weekend Radio 2*

The show goes on, as Radio 2's celebration of musical theatre stretches across the weekend schedules like a high-kicking chorus line. Day two starts with a musicals-themed *Sounds of the Sixties* with Petula Clark at 6am on Saturday. But it's not just on Radio 2. On Friday (29 January) a new show in which Sheridan Smith talks to musical guests is launched on BBC Sounds.

Smith is the host of the weekend's centrepiece, *Musicals: the Greatest Show* (Sunday 7pm Radio 2), featuring performances by some of the biggest stars of some of the biggest songs from some of the biggest shows. It includes the first radio performance of *Only You, Lonely You* from Andrew Lloyd Webber's *Cinderella*, the Oscar-winning *When You Believe* from *The Prince of Egypt*, and Elaine Paige revisiting her Broadway debut by singing *As If We Never Said Goodbye* from *Sunset Boulevard*. Earlier on Sunday, at 1pm, Paige will be counting down the top 20 songs from the shows, as voted for by R2 listeners – bound to generate debate from those scandalised that certain composers or musicals are not included. I hope a few of your favourite things are in there.

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## AMBRIDGE DIARY

### *The Archers* this week...

I always think of Tony as having an Eeyore-ish outlook on life, so it'll be fun to hear how he reacts to the prospect of turning 70. The family is hoping that it'll be a day to remember, but might one person's input end up making it memorable for all the wrong reasons?

Tensions are running high between Tom and Natasha, as she continues her efforts to help Kirsty. Tom is determined to stop her, but how far will he go? Elsewhere, Tracy is forced to choose between helping a friend in need and going on a date. Plus, the press manages to pick up on Philip's story – and one journalist in particular will stop at nothing to get the scoop. **DAVID BROWN**

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