PSYCHOSURGERY: IN THE TREATMENT OF MENTAL DISORDERS AND INTRACTABLE PAIN
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Chapter VIII

OBSERVATIONS ON THE OPERATING TABLE

SOME patients come to operation at the end of a long and exasperating series of medical treatments, hospital treatments, shock treatments, including endocrines and vitamins mixed with their physiotherapy and psychotherapy. They are still desperate, and will go to any length to get rid of their distress. Other patients can't be dragged into the hospital and have to be held down on a bed in a hotel room until sufficient shock treatment can be given to render them manageable (Fig. 44). We like both of these types. It is the fishy-handed, droopy-faced individual who grunts an uh-huh and goes along with the family when they take him to the hospital that causes us to shake our heads and wonder just how far we will get. The first type of patient makes an excellent witness during the ordeal of prefrontal lobotomy.

An operation under local anesthesia is always a somewhat trying experience to the patient. This must be doubly so when the patient knows that his brain is being operated upon, and probably no less so in a patient who is preoccupied with abnormal fears, anxieties, worries, depressions, and the like. We must commend the hardihood that has enabled quite a number of our patients to undergo prefrontal lobotomy under local anesthesia, even though they could be assured in advance that the operation itself was relatively painless. Timorous patients must undergo unnamed tortures when having their hands and feet strapped to the operating table, their heads shaved to the vertex, and the outside world masked from view by the towels and drapes. Their apprehension is further quickened by the rattling of instruments, the noise of the suction apparatus, and the menacing spark of the electrocautery. Futhermore, a number of patients have informed us, both before and after operation, that they accepted operation in the hope that it would kill them, and to any person, normal or abnormal, the gradual approach of death on the operating table must be somewhat terrifying. This is not the whole story, however.

A good many of the patients are so preoccupied with their inner distress that the additional trouble caused by the operation passes almost unperceived. Case 54's sole preoccupation was that he had

not attended church the day before. These patients continue talking about their depressive ideas throughout the early parts of the operation, paying only occasional attention to the needle pricks, the drilling of burr holes in the skull, and the pain produced by contact of the leucotome or other instrument with the dura. On three or four occasions the operation has been started under local anesthesia, but the restless and panicky state of the patient has

Figure 44. Case 441. "Other patients have to be held . . ."