

PROLOGUE

ASIDE FROM THE NAZI doctor Josef Mengele, Walter Freeman ranks as the most scorned physician of the twentieth century. The operation Freeman refined and promoted, lobotomy, still maintains a uniquely infamous position in the public mind nearly seventy years after its introduction and a quarter-century past its disappearance. The name of the surgery itself—a term Freeman and his partner, James Watts, coined to describe the cutting of the frontal lobes of the brain to relieve psychiatric disorders—produces a discomfort even stronger than other antiquated medical terms such as vivisection and bloodletting. When I tell people that I have been working on a book about a man who performed nearly thirty-five hundred lobotomies, including the first such surgery in the United States, I often see distress in their faces. I can almost see the images flashing in their minds: the filthy back wards in psychiatric hospitals of decades past, sick people in restraints, sharp instruments violating the brain, the vacant eyes and gibbering mouths of permanently damaged patients. I know they involuntarily summon these images promulgated by the movies and popular literature because I did the same in the early months of my research.

Perhaps what best evidences the intensity of the discomfort that the word *lobotomy* holds for many people is the alacrity with which rebellious youth and humorists have appropriated the term. In today's popular culture, lobotomy usually pops up not as the term for an obsolete treatment for the mentally ill but as a verbal fillip in song titles and the names of rock bands or as a mock explanation, hoisted up for laughs, for someone's stupidity. "I'd rather see a bottle in front of me than a frontal lobotomy," said Tom Waits during a magazine interview many years back—a joke that is now the first phrase that comes to mind for many people when they hear of psychosurgery.

When we turn lobotomy into a word designed to shock or use it as a quick generator of laughs, we make it easier to handle our discomfort with

the procedure and its complex history. Trying to grasp the evolution and popularity of lobotomy can numb the thinking as much as can imbibing the mixed drink that bears its name—equal parts of amaretto, Chambord, and pineapple juice, sometimes topped with champagne. From the late 1930s through the mid-1950s, lobotomy thrived in the mainstream of psychiatric practice in North America, South America, Europe, Oceania, and parts of Asia, and it remained an occasionally used treatment into the 1970s. What accounts for the resilience of this apparently barbaric practice? How can we make sense of the attraction of so many physicians and patients toward a procedure that today seems so obviously wrong? One tempting way to approach these daunting questions is to reduce the controversy over psychosurgery to a conflict between good and evil. The opponents of lobotomy represent common sense, compassion, and the advocacy of medical ethics. Lobotomy's proponents stand for a kind of scientific recklessness and madness that overtook the psychiatric profession for years.

Some demonize the procedure and its practitioners, and Walter Freeman, the man most closely associated with lobotomy, has borne the heaviest burden of our condemnation. Today Freeman is widely remembered as a loose cannon who worked beyond the boundaries of accepted medical practice—a man intent on puncturing brains to appease his own personal demons. Many people erroneously believe that Walter Freeman carried a set of gold-plated ice picks and that he lost his license to practice medicine for performing lobotomies. They believe he was possibly insane.

Although I did not realize it at the time, my journey into the life of Walter Freeman began in 1996, when I entered a house in suburban Minneapolis, took a seat in the living room, and faced an elderly man who had been persuaded by a younger relative to tell me about his brother, Richard. The man was upset. Richard suffered from severe epilepsy, a condition that in the 1930s landed him in state institutions alongside people with psychiatric illnesses, mental retardation, organic brain diseases, and other incurable maladies. Richard, the man said, “did not accept his condition. He fought it all the time. That’s why he went into the institution. . . . He wanted to do all the things normal people did, like swim and drive, but he wasn’t capable.” Richard spent nearly all of his adult life in psychiatric hospitals.

Before his death at age seventy-two, Richard experienced a steady mental decline. “The last time I saw him, he didn’t remember anything or recognize anybody,” the man recalled of his brother. “He was out of the picture, and I assumed he had just degenerated. With my sister’s coach-

ing, he recognized me. It broke my heart to see him [like that] all the time.” As shocking as Richard’s condition had become, his brother told me that he received a bigger jolt after Richard’s death. “I didn’t know about the lobotomy until recently,” he said. That word, *lobotomy*, dropped from his lips awkwardly; it sounded ugly, repulsive. As an institutionalized ward of the state, Richard had undergone psychosurgery, and his brother was convinced that the purpose of the operation was to diminish Richard’s complaining and lack of cooperation with the hospital staff.

Years earlier I had watched the scene in the movie *Frances* in which Jessica Lange, playing the actress Frances Farmer, is restrained on a table as a doctor slides a sharp metal tool inside her eyelid and pushes it into her brain. Until I spoke with Richard’s brother, however, I never gave much thought to lobotomy. I believed that lobotomies turned people into human vegetables; they were heartless and savage surgeries promoted by hospital administrators like the ones in *One Flew Over the Cuckoo’s Nest*, eager to crush the souls and spirits of uncooperative patients.

What I heard of Richard’s experience supported my old notions of lobotomy, and they stayed with me for a long time. I held them when I wrote an article about the practice of psychosurgery in the Upper Midwest for a regional medical journal, a project that introduced me to the career of Walter Freeman. I harbored them when I later wrote a short account of Freeman’s life for the *Washington Post Magazine*. And I still maintained them when I drew up my proposal for this book. Then I faced the mountain of documents left by Freeman in the wake of his half-century-long career as a neurologist, a psychiatrist, and a lobotomy promoter.

Freeman is a biographer’s dream: an engaging writer with a substantial ego who recorded his thoughts in countless books, articles, letters, journals, and memoirs. Although sometimes guarded about his personal feelings, he never feared setting down his professional speculations, no matter how outrageous or controversial. In addition, many of the people who accompanied Freeman throughout his life—his closest medical colleague, James Watts, as well as his family and, most importantly, his patients and their families—often displayed keen insight into the tensions, conflicts, and dilemmas that accompanied the introduction and advancement of psychosurgery. Gradually, as I became better acquainted with the circumstances surrounding the development of lobotomy in the 1930s and the psychiatric environment in which it thrived in later years, I formed a pair of central questions: What accounted for Freeman’s attraction to this drastic and damaging form of

psychiatric treatment? Why did he stay with it for so long a time, even after most other physicians had abandoned it?

When biographers raise puzzling questions like these, it is their responsibility to find answers. The answers to my questions surprised me, given the images of lobotomy that I carried into the initiation of my research. I soon had to admit that answers have two faces. For one, an answer is a solution, the erasure of the question mark. But an answer can also be a response or a reply in a dialogue that begins once a question is posed. The voices that poured out of the Freeman documents when I asked my questions were overwhelming and deeply moving. I was prepared to hear the responses of Freeman's opponents, the psychiatrists and others who raised their voices in outrage during Freeman's career to declare that lobotomy was mutilating, ineffective in treating mental illness, and possibly criminal. These included some patients and their families, and their objections resounded with familiarity.

Other voices in the documents, though, sang a strangely unfamiliar tune in reply to my queries. Many of the era's most important medical figures—neurosurgeons, neurologists, psychiatrists, physiologists, and others—lent their support to Freeman's work. Medical practitioners of lesser reputation, doctors in private practice and on the staffs of psychiatric institutions, eagerly adopted his techniques. Patients, some of them writing and speaking with astonishing clarity, observed how their lobotomies had changed them. Their spouses, children, siblings, and parents often expressed gratitude for the lobotomies and considered Freeman a member of their extended family.

In short, the documents that occupied me in countless hours of reading and interpreting did not present a unanimous opinion of the medical soundness, ethics, or effectiveness of Walter Freeman's practices as a lobotomist. In the discordant streams of impressions I received, I heard Freeman's colleagues, family members, and patients arguing among themselves. At first prepared to condemn Freeman as a cruel, devious, and unprincipled man, I had to recognize the persuasive evidence that at times he acted in the best interests of his lobotomy patients, given the limitations of the medical environment in which he worked and the perilous nature of scientific innovation. Realizations like these—discoveries that a life holds more gradations of complexity than previously imagined—account for the addictive nature of writing biography. What drove me forward in my Freeman research was not my desire to vindicate the doctor but to understand him. And if I could fash-

ion a narrative that gave me that understanding, could I succeed in answering the main questions that pulled me into Freeman's life at the outset?

In Freeman's last published book, a poorly received volume titled *The Psychiatrist: Personalities and Patterns*, he opens with the question, "What manner of man is the psychiatrist?" He goes on to explain the range of his interest in attempting to delineate the shared characteristics of people who specialize in psychiatry: "And so, in this study, the psychiatrist is examined as a member of the human race, *Homo sapiens*. He is considered not only in regard to his medical training and experience, but also as a member of the community, with interests in family, in education, in community service, in research. He is considered as a counselor, as a trustee, as a soldier, as a banker, as an administrator, as well as in other roles. Being human, he is subject to the ills of the flesh, to accidents, to emotional disorders, even, too often, to suicide."

Walter Freeman fell prey to some of the ills he listed, and he lived not only as a lobotomist but also as a *Homo sapiens*. He deserves, at the very least, the kind of all-inclusive scrutiny he hoped to give to others. The reader can judge whether this book gives Freeman his due.

