

## Title:

Dr. Walter Freeman's Frontal Lobotomies at Athens (Ohio) State Hospital

## Word Count:

1010

## Summary:

Frontal lobotomy psychosurgery was performed more than 200 times at this asylum without benefit of general anesthesia or an operating room.

## Keywords:

walter freeman, frontal, transorbital, lobotomy, lobotomies, psychosurgery, ect, electroconvulsive, state hospital, psychiatric hospital, ptsd

## Article Body:

Few chapters in the medical history of Athens County, Ohio, are more notorious or fascinating than that concerning Walter Freeman, M.D., and the more than 200 frontal lobotomies he performed at the Athens State Hospital in seven visits between 1953 and 1957.

Until the middle of the twentieth century, treatment for most inpatients in large state hospitals, like that in Athens, was limited to providing a safe and humane environment. Effective drugs for mental illnesses did not become available until the late 1950s and early 1960s.

In 1936 Egas Moniz, M.D., a Portuguese physician who eventually won a Nobel Prize for his work, reported the results of his earliest frontal lobotomies in a French medical journal. Dr. Walter Freeman, a neurologist at George Washington University in Washington, D.C., who had met Dr. Moniz a year earlier, was impressed with the report. Within the same year Dr. Freeman teamed with a neurosurgeon to perform the operation, and over the next decade the partners operated on many more cases. However, Freeman became frustrated with the operation's limitations. In 1946 he developed an alternative procedure that could be done more quickly, outside an operating room, and without anesthetic drugs.

He used electroconvulsive therapy to produce drugless anesthesia. After the patient's convulsive movements subsided, Dr. Freeman operated.

Lifting an upper eyelid, he inserted a long, metal pick between the eyeball and the eyelid until it reached the bony roof of the eye-socket. He pounded the pick

through the bone into the braincase where it entered a frontal lobe of the brain. He repeated the insertion procedure on the opposite side. Then, using the outer ends of the picks as handles, he made sweeping movements which severed and destroyed the frontal lobes. He finished before the patient awoke from the after-effects of the induced seizure.

Dr. Freeman performed this procedure in state hospitals nationwide that were understaffed, overflowing with patients, and very receptive to any new treatment that held promise. Every state hospital of that era could give electroconvulsive treatment, and the hospital did not have to provide an operating room. A minor procedure room sufficed.

Freeman met with families of patients, explained the risks and benefits of the procedure, and answered questions. Some families consented and others didn't. Assisted by the local medical staff, and with a succession of patients filing into and out of the procedure room, Freeman typically operated on his entire case-load in just one day. Charging \$25 per patient for his services, he departed within a few days for his next destination.

Freeman visited the Athens State Hospital more times than any of the other state hospitals in Ohio. On his first visit in 1953 he was treated as a minor celebrity. The Athens Messenger of November 16 reported his arrival with the headline "Lobotomies to be performed: surgery may relieve mental illness of many patients at state hospital." A follow-up article on November 20--entitled "Dr. Freeman, pioneer in trans-orbital technique, demonstrates method: lobotomies are performed on 31 Athens State Hospital patients"-- showed pictures of Freeman with the local staff, including Superintendent Charles Creed, Assistant Superintendent Hubert Fockler and Drs. Beatrice Postle Fockler, Wayne Dutton and Genevieve Garrett Dutton.

The surgeries were performed in the Receiving Hospital, a separate building constructed in 1950 which is now the eastern-most portion of the main building.

Wolfhard Baumgaertel, M.D., longtime general practitioner in Albany, Ohio, was present for Freeman's third visit to Athens in October 1954. Dr. Baumgaertel watched the procedure on the day's first patient, and then provided after-care for this patient and all the others who followed.

Despite his familiarity with surgery, Dr. Baumgaertel recalled being surprised by the procedure, saying, "I do not remember which made me more aghast while watching this--the hammering of the picks into the brain or the simultaneous movement of the picks' handles in the doctor's hands."

Describing his after-care of Freeman's patients, Dr. Baumgaertel said, "At

regular intervals the patients arrived in the recovery room, my domain during this, to me, unknown and incomprehensible event. My main equipment consisted of several suction machines and oxygen, the latter being somewhat unnecessary. Vital signs were monitored until the patient woke up. We had no major complications. Some nasal drainage of cerebral liquor was not considered a problem.

"I do not remember any immediate or late post-operative deaths in the patients I attended to. Most returned to their floors in the asylum within one to two weeks. Of course, none of them were able to recall the event, but there were also no questions. I remember having been surprised to the point of being shaken when I discovered a total absence of wonder on the part of the patients as to what happened to them."

Geneva Riley, R.N., who was director of nursing at the Athens State Hospital 1975-1993, witnessed the same procedure at another facility. She likened the noise made by the picks to the sound of cloth tearing.

In the mid-1990s the author encountered one of Dr. Freeman's former patients at Doctors Hospital of Nelsonville in Nelsonville, Ohio. His computed tomographic (CT) scan showed large areas of damage to the frontal lobes. The radiologist, unaware of the patient's prior history, interpreted the abnormalities as due to strokes.

But the patient and his wife had a different story to tell. Emotionally traumatized by combat in World War II, the man was an inpatient at Athens State Hospital in the 1950s when Dr. Freeman came to town. The patient was functioning at a low level, dropping to the ground at any sudden noise and smoking cigarettes beneath a blanket. His wife agreed to the procedure which was complicated by hemorrhage. Even so, he improved and was discharged from the hospital after three months. For many years he operated heavy equipment without difficulty except for an occasional seizure.

Asked if she had regrets, the patient's wife said, "No. I still think I made the right decision."

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