NEW WORLD

Knives Out for Surgeons

by our Washington Correspondent

AFTER a year of being thrust into the public spotlight and being debated in medical journals, newspapers and committee rooms on Capitol Hill, psychosurgery made its first appearance in court last week. Brought before a three-man panel of judges in Detroit, the court case is likely to have important implications for the future of psychosurgery in the United States and by the time it is finished it will probably have exposed a number of other issues as well. The appearance was at a pre-trial hearing, as a result of which the judges have now decided that the case is worthy of a full scale trial. It is set to open in Detroit on March 27, and will probably last for several weeks.

At the centre of the case are a 36-year-old alleged murderer and rapist who has spent the past 18 years in institutions for the criminally insane, and a team of doctors from the Lafayette Clinic, the highly respected psychiatric research centre attached to Wayne State University. The man, known in the court case as Mr L, was to have been the first patient to take part in a project at the clinic designed to provide experimental treatment for violent patients in state hospitals in Michigan, in the hope that they could be returned to society.

The patients, selected on the basis of several factors including their intelligence, length of stay in hospital and inability to respond to other forms of treatment, would have been given a choice between treatment with a drug known to have some side effects—including possible impotence—and psychosurgery, or they could have opted for neither. Mr L, after having been told the risks associated with either form of treatment, opted for psychosurgery—in this case, the destruction of a tiny portion of the brain with deeply implanted electrodes.

He was transferred to the Lafayette Clinic from Ionia State Hospital, but before the operation could take place Mr Gabe Kaimowitz, a civil rights lawyer, filed suit to try to stop it. The case hit the headlines in the Detroit papers, Mr Kaimowitz got an injunction, and the full hearing opened last week. In the meantime, however, the Michigan state government, which was to have funded the project, withdrew its support and so the case as such, no matter what the court decides, is already dead. The court is thus in effect being asked to rule on a number of ethical

issues surrounding psychosurgery in particular, and experiments involving prisoners in general. Its decision is therefore likely to have widespread implications.

Psychosurgery has become a subject of public debate chiefly because of the crusading of Dr Peter R. Breggin, a novelist and psychiatrist attached to the Washington School of Psychiatry. Breggin last year put together a scathing attack on psychosurgery, documented with examples of cases in which it has damaged the intellect or other functioning of patients on whom it has been practised, and his paper was read into the *Congressional Record*. He has suggested that new techniques, such as the use of electrodes, ultrasonics, and the injection of butane gas to destroy tiny areas of the brain, are likely to usher in a new age of lobotomy, and he believes that all psychosurgery

should be banned.

Although estimates vary widely, there are reckoned to be about 500 psychosurgery operations performed in the US each year on a variety of patients. Unlike the classical lobotomy operation, which reached its height of popularity in the 1950s and was used on up to 50,000 people in the US, psychosurgery now rarely involves actually cutting into the brain, but it does have one important facet in common with classical lobotomy—it is irreversible. Moreover, although the new techniques destroy less brain material, there is still no theoretical understanding of the function of the material which is destroyed.

Opponents of psychosurgery also point out that, unlike normal medical practice, the technique is designed to destroy tissue which is neither diseased nor malformed. Psychosurgery, which

APPOINTMENTS

Two Down but More to Go

by our Washington Correspondent

ONE sign of the Nixon Administration's lack of enthusiasm for science and technology is the fact that key positions in the federal scientific bureaucracy have been unfilled for months. But at last a few appointments have been made. Last week, President Nixon announced that Dr Charles C. Edwards, now Commissioner of the Food and Drug Administration, has been nominated as Assistant Secretary for Health in the Department of Health, Education and Welfare—the top health position in the federal government—and that he has nominated Dr Betsy Ancker-Johnson, an engineer and consultant to Boeing, to be Assistant Secretary of Commerce for Science and Technology. The health job has been vacant since Dr Merlin K. DuVal resigned in December, while the Commerce job has been vacant since Dr James T. Wakelin jun. resigned in August last year. Both nominations must be confirmed by the Senate.

The elevation of Dr Edwards to the position of Assistant Secretary for Health has been expected for several weeks, and last week's

announcement has been greeted with approval from most quarters. As commissioner of the FDA, it is generally considered that Dr Edwards did a good job in often extremely difficult circumstances. The FDA is constantly caught in the crossfire between a strong and increasingly more vocal consumer movement and the food and drug industry. Dr Edwards is, in fact, the only senior health official left in the Administration since President Nixon either accepted or forced the resignations of the Surgeon General, the Director of Health Services and Mental Health, the Assistant Secretary for Health and the Director of the National Institutes of Health, but his promotion now creates a vacancy at FDA. No successor has yet been announced, and Nixon said last week that the choice would be made by the new secretary of HEW, Caspar Weinberger. Since the FDA is likely to be broken up with the passage of legislation to create an independent Consumer Protection Agency, Weinberger may have some difficulty finding a good person for the job.