

Psychiatry and the media

Psychosurgery

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Drilling holes in someone's skull and destroying parts of the brain is the kind of scenario dreamt up by anti-psychiatrists. That it can happen in practice – and once happened on a fairly large scale – remains a matter of sensitivity for the public image of psychiatry, notwithstanding that there are still cogent reasons to retain leucotomy in its armamentarium. So any presentation of this subject on the mass media needs to be done with the greatest responsibility, and should convey an accurate message.

The film shown by the BBC on 28 March (QED: 'The Last Resort') has a long and slow introduction in which – through a voice-over technique – a woman chronically disabled by depression and obsessional ruminations gives the story of her illness. A background of woodwind music is plaintive in a rather manipulative way.

The patient's trouble began after the birth of her fourth child, was improved for some time, but worsened again nine years ago. As well as unremitting depression, there were multitudinous worries, "Bad thoughts, ticking away all the time", a need both to group her words into fives and to give instructions to herself ("switch the Hoover on"), and fears for her sanity. Through being able neither to go out on her own nor let anyone into the house, she became completely isolated – "like being trapped in a dark tunnel". Both the outside world and her own home seemed equally unpleasant, and thoughts of suicide were with her constantly – "I feel I can't face another minute". Her husband said she had totally changed from the pleasant and lively person she had been previously, so that he finally came to realise they were fighting a losing battle.

The option of leucotomy was eventually reached after she had had "every drug in large doses", as well as ECT, without benefit. Though understandably apprehensive about the operation, she was even more frightened of "living this way" – "I'm having it as much for the family as for myself". The one thing that concerned her was whether, after treatment, she would be able to get used to the idea of *not* suffering.

At this point, the psychiatrist's comment was that leucotomy is very much the lesser of two evils. With current techniques, the head does not have to be shaved and patients often experience little headache,

even in the first few post-operative days. Improvement should be slow but progressive, over three to nine months. The operation was said to affect "the small part of the brain producing the chemicals causing this kind of depression", which seems rather over-simplified, even in a programme for the general viewer.

Seen again, a few months later, the patient said her depression had definitely lifted, her sense of humour was returning a bit, and she felt optimistic because these changes for the better had happened soon after the operation. The programme gave no information as to how things developed after that.

The second patient featured was a man who had made repeated suicide attempts ("They were no cries for help – I don't know why they were unsuccessful, but I'm glad now that they were."). Nothing had brought him pleasure then, but the operation was clearly successful – "Now I'm trying to make up for lost time".

Since misconceptions about leucotomy are so common, it was surprising that the lack of adverse effects on intellectual functions was not mentioned. Nor would the viewer have any idea of the number of operations done each year in Britain at present – probably about 30. But the main problem with the programme was its slowness; most of the time was given over to the immensely ponderous and rather repetitive account of a single case. As a result, many viewers may have voted with their feet, or found easier fare on other channels.

Some of the same issues had a repeat exposure on 23 April on Channel 4, in a film on Tourette's Syndrome. In this case, the patient's most troublesome features were obsessional ruminations and compulsive destruction, mainly of clothing, which made leucotomy – unusually for this condition – the treatment of choice. No doubt the film makers had hoped to shoot a happy, or at least encouraging ending at six months post-operatively, but in fact, the situation at that point was inconclusive. One reason may have been that, unable to return to living alone, the patient was discharged to a hostel, where he was getting so little support as to be scarcely better off. Perhaps only a good mental hospital could have provided the time and range of activities needed for such a complex rehabilitation problem.