

Sawbones 008: Lobotomy

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Clint: Sawbones is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello everybody, and welcome to Sawbones. My name is Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: Sydnee is a licensed medical doctor, and every week, we take you on a tour through the annals of medical history to look at all the dumb, weird, hurtful ways that we've tried to help people over the years.

Sydnee: And although I am a medical doctor, as Justin pointed out, I am not using that degree in any way during the recording of this podcast.

Justin: But my dad already told them that.

Sydnee: That's true.

Justin: They know.

Sydnee: You just felt the need to point it out, I thought I would... you know.

Justin: Yeah. But I'm just proud. Just proud of you. I like to tell anybody who'll listen.

Sydnee: That's sweet of you.

Justin: Thank you.

Sydnee: Do me a favor, Justin.

Justin: Tell me Sydnee, anything for you.

Sydnee: Close your eyes.

Justin: Okay.

Sydnee: Are they closed?

Justin: They're closed.

Sydnee: Okay. I'd like to whisk you away, if I could.

Justin: [whoosh sound] Okay, I'm ready to be whisked.

Sydnee: To London.

Justin: [in a British accent] "Oh blimey! Aw, blimey," clop clop clop.

Sydnee: Excellent.

Justin: [in a British accent] "Cobblestones! Cobblestones for sale!"

Sydnee: I was really hoping you would do an accent. That was really where I was going with that.

Justin: [in a British accent] "Cor blimey, guv'nor!"

Sydnee: Okay, but it's 1935.

Justin: [in a British accent] "It's 1935, gov'nor."

Sydnee: Is that- that's what everybody said in 1935 in London.

Justin: [in a British accent] "I'm a gentleman of the time."

Sydnee: And we're at the Second International Congress of Neurology.

Justin: [thumps three times] "Gentlemen, gentlemen, quiet down! We're at the second thing for congresses! Of mediology!"

Sydnee: Neurology.

Justin: "Neurology. Gentlemen!"

Sydnee: Which was surely the swingiest party that happened in 1935, I'd have to guess.

Justin: "Pass me the blow!"

Sydnee: So, you're sitting in what I have to imagine is kind of like a big hotel, I don't know, like a big hotel conference room. Really uncomfortable chairs... like, really tacky carpet.

Justin: Flat screens everywhere, yeah.

Sydnee: Flat screens everywhere in 1935.

Justin: [laughs] Just projecting the screens.

Sydnee: You're all drinking from abnormally large goblets of water, eating the most flavorless roll you've ever eaten.

Justin: Everything's in black and white.

Sydnee: Everything's in black and white. [laughs]

Justin: Right.

Sydnee: You're smoking, of course. It's 1935, everybody's smoking.

Justin: Everybody's smoking.

Sydnee: And two scientists step up on stage. Fulton and Jacobson.

Justin: Okay. Now, do I know these guys?

Sydnee: Uh, no. You don't know them.

Justin: Tell me about my character. Let's get back to me.

Sydnee: [laughs]

Justin: Am I like a scientist? Am I a doctor?

Sydnee: You're a neurologist, and—

Justin: Plays by his own rules, do you think?

Sydnee: No. Just a regular—neurologists only play by neurology rules, pretty much.

Justin: [laughs] Okay.

Sydnee: So you're at this congress because, like, everybody's really excited about the frontal lobe of the brain. It's all abuzz.

Justin: I know I am. Okay.

Sydnee: That's like, the hot topic this year, you know.

Justin: Frontal lobes.

Sydnee: The frontal lobes. Everybody wants to know, like, what do they do, man? What are they responsible for? How can we mess with them? Right?

Justin: I don't get it. Frontal lobes, what's the sitch?

Sydnee: So you're excited, you're on the edge of your seat at this neurology conference.

Justin: This does sound like me.

Sydnee: And uh, Fulton and Jacobson walk up on stage, and they start talking about some, like, primate experiments that they've done with their two primate buddies, Lucy and Becky. And they've been doing a series of experiments on them, and the main problem that they kept coming up against is that Becky... can be kind of a B when she gets mad.

Justin: A little bit hot under the collar.

Sydnee: Exactly. So Becky, every once in a while, when they don't give her a reward during an experiment, throws a tantrum, like ya do. Gets mad, rolls around on the floor, poops everywhere.

Justin: Sounds like me.

Sydnee: Pretty much like you. So, they weren't making a lot of progress in their experiments because Becky was causing so many problems. Becky.

Justin: [mock annoyance] Becky!

Sydnee: So, they did, you know, a very rational thing.

Justin: Which was? Gave her a long talking to?

Sydnee: Well, sort of. They actually cut the frontal lobe of her brain out.

Justin: That would not be my first choice.

Sydnee: No, most of us probably wouldn't go with that.

Justin: I'm no scientist.

Sydnee: But what they observed afterwards is that she became very calm, and the way they described her is it was like she, quote, "joined a happiness cult."

Justin: Well, that sounds promising.

Sydnee: So basically, they presented these findings, not really insinuating anything. Just, you know, everybody's all excited about the frontal lobe, and they removed a frontal lobe and they got this really angry primate to get really calm and docile. And they thought that was interesting, and may give us some insight into what the frontal lobe does.

So they presented this, and the way the story goes is that there was a man in the audience named António Egas Moniz.

Justin: Now, I don't know of him. Should I?

Sydnee: Well, you don't yet, but you're gonna know. This man stood up, and this story is probably apocryphal, but he stood up and he raised his hand, and he asked the scientists the question, "Well, if it works on monkeys, could we not apply this to humans who also maybe have behavioral problems? You know, murders or psychopaths?"

And the way the story goes is that the scientists scoffed at him and said, "Well of course not, the human brain is much too complicated." But... Dr. Moniz, he did not take this as the final answer.

Justin: He had other plans. Much like all great thinkers, he was not going to be stopped by the judgment of his peers.

Sydnee: Absolutely not. He would go on to become the father of the lobotomy. The first man who, later that year, performed it.

Justin: Sydnee, I wanna know about lobotomies. I guess I hope I've come to the right place.

Sydnee: So, lobotomies were originally called leucotomies, just so you know. So if you ever see that reference. Leuc, L-E-U-C, as in like the root for white, or clear, so slicing into white matter or clear matter, originally.

Justin: Okay.

Sydnee: And essentially, it's a procedure where—

Justin: Does -otomy mean, um, cutting into or removing?

Sydnee: Slicing or removing.

Justin: Okay.

Sydnee: So basically it's cutting away parts of the brain. We're mainly talking about the frontal lobe when we're talking about the procedure that's done for psychiatric purposes, or that was done. It was a really— the first official lobotomy as we came to know it was done in 1935; although, I'll tell you about some earlier attempts. And it was really popular throughout the '40s and '50s, pretty much stopped by the '70s, and isn't really done today.

Justin: When did it come into fashion?

Sydnee: The idea of psychosurgery, or doing some kind of procedure on the brain, had been kind of kicked around for quite a while. A Swiss physician, Burckhardt, back in 1888, had attempted it, and he had come up with the theory that there were kind of three different parts of the brain.

There was the part where we take in input, the part where we make associations about that input, and then the part where we perform functions, like the motor area. Basically, he thought if you could remove the association part, you could cure mental illness.

And he was also one of the first ones to kind of see mental illness as an organic problem, a problem with brain chemistry that maybe could be fixed by altering the brain, which was an important thing to note. So, he had six patients, he removed different parts of their brains, and according to his results that he published, two got quieter.

Justin: [scoffs] Yeah.

Sydnee: Two were pretty much the same afterwards.

Justin: Okay.

Sydnee: One had seizures and died following the procedure. And he felt like one got better.

Justin: Now, Syd, correct me if I'm wrong. I'm no scientist, but it does seem to me that this whole idea of three areas of the brain... that's wrong, right? That's classically wrong.

Sydnee: Right. Well, no, there aren't just three areas of the brain. There are many, many areas of the brain. It is true that there are general, you know, parts of the brain that are responsible for different functions. You know, that you can play out for instance when you see a stroke. A stroke that happens in the left part of the brain that controls motor function will make you get weak on your right side. And we understand those kind of connections.

But no, there aren't just three areas. It is true that there's, you know, input areas and processing areas and parts that control function, but no. He didn't have it right.

Justin: So he comes out, he does six of these, and he says, "Hey guys, great news. One person got better."

Sydnee: And he claimed a 50% success rate based on his results.

Justin: Hmm... ehh...

Sydnee: Yeah... not so much.

Justin: That's debatable. Okay. But what was the reaction like? Everyone was really excited about it?

Sydnee: No, actually people weren't excited. A couple of other docs tried to follow in his footsteps, they failed, and everybody kind of thought he was a quack. It wasn't until this conference in London where you visited earlier—

Justin: I remember it well.

Sydnee: —that people really began to consider the idea of psychosurgery. It was probably because of the context. We had entered what is known as the "heroic" period of medicine.

Justin: Heroic? How do you mean?

Sydnee: Well, for a long time, people just kind of felt like they would fall victim to disease. That a lot of illness was kind of beyond our control. You know, we're talking about an era before the scientific method, before antibiotics, before a lot of the ways to prove treatments and cures were discovered.

Justin: Before we knew anything.

Sydnee: Yeah. I mean, as we've covered in our previous episodes, we didn't know much. So, we got into this period of time where people said, "You know what? I'm tired of just sitting by and waiting for stuff to happen. I'm gonna do something."

Justin: “We’ve got to try!” [laughs]

Sydnee: “I don’t know what I’m gonna do, and I’m almost certain it’s not gonna work, but it’s better than sitting back and doing nothing!”

Justin: “I’m not just gonna keep chilling on my couch, I gotta cut something open. Come `ere.”

Sydnee: That was pretty much it. And a lot of the time, doctors were lauded for attempting things, even if they absolutely were killing people as a result, just the fact that they were trying.

Justin: They gave it their best shot.

Sydnee: Yeah. They gave it their best shot, so, you know.

Justin: What more can we ask?

Sydnee: [laughs] So, in psychiatric medicine, as we go into the early 1900s, people began to—you know, psychiatrists who had become very frustrated, feeling like they weren’t able to help their patients, they didn’t have any tools. They didn’t have any psychiatric medicines at this point. So we really didn’t know what to do with people who, you know, had mental illness and we didn’t know how to treat them.

So we just began trying everything. Of course, lobotomies are what we’re talking about, but you gotta know that this was a time period where people were giving patients malaria to treat insanity.

Justin: ... What?

Sydnee: Giving patients malaria... because they had mental illness. They thought the fever would cure them.

Justin: Jesus...

Sydnee: They put people in drug-induced comas for days to try to— they thought deep sleep therapy would fix them. They put people into insulin shock, gave them massive doses of insulin to put them into hypoglycemic comas. They would do all kinds of seizure-inducing medications. This was also the invention of, you know, ECT, electro-convulsive therapy. But that's a whole other topic for a whole other day.

So, in addition to all this, they thought, well, you know, if we look at people who have brain damage or seizures, we know there are parts of their brain that aren't functioning correctly.

Justin: Some of that they probably gathered from autopsies, right? I mean, looking at parts of the brain, seeing where these clots were and stuff like that.

Sydnee: Absolutely. And so they thought, well, it kind of makes sense that if we know there's part of the brain, if we believe that mental illness now is an organic problem, maybe we can remove the source. And they had seen that removing the frontal lobes of animals caused changes.

And so they thought, well, you know, maybe we can do the same thing with mental illness. Maybe we can remove parts of the brain and cure it. So, Moniz really based it on the idea that it wasn't so much the cells, the brain cells that had gone wrong. Because we didn't understand neurotransmitters and serotonin and dopamine and all that.

Justin: Well, we still don't, for a lot of it, right? I mean, a lot of the brain's still—

Sydnee: Well, you don't.

Justin: Fair enough. Go ahead. Okay, go on, go on, go on.

Sydnee: [laughs] But he thought it was the arrangement. So it kind of makes sense that distorting this arrangement would, you know fix things.

Justin: Like, you mean where the—I don't understand what you mean.

Sydnee: He thought—okay, so, you know all tissue is made up of cells. And we knew that at this point. So he thought the brain cells weren't dysfunctional, it was kind of the patterns, the way that they were arranged next to each other, and the strings of them.

Justin: Okay.

Sydnee: So we thought, well, if we kind of cut them up, that'll fix the problem.

Justin: Or at least change the problem.

Sydnee: Or at least change the problem. So, he did his first surgeries in Lisbon. He actually didn't perform them.

Justin: [laughs] Yeah.

Sydnee: His fingers were so crippled with gout that he couldn't do it, so he had to have his assistant do it.

Justin: Yeah, I've used that excuse before. "Ah man, my gout, I don't know. I wanna cut some of this person's brain out, but my gout's just like, super—"

Sydnee: "I really wanna play this video game today, but I can't, because my gout."

Justin: I do that all the time. "My gout's flaring up. Got goutitis."

Sydnee: Sure. So, initially he was injecting ethanol into the long fibers that connect the frontal lobe to the rest of the brain. Ethanol alcohol. He would just inject it right in there.

Justin: EtOH?

Sydnee: Yep. EtOH. That's good! He did this, his first case he declared a completed success. Said he cured her depression. It is worth noting that she was never discharged from the psychiatric hospital where she spent the rest of her life.

Justin: But she was happy.

Sydnee: But she was cured. [laughs]

Justin: She was in a really good mood about it.

Sydnee: He started experimenting with, instead of just injecting ethanol into the brain... and we're talking about, you remember our episode on trepanation?

Justin: Right.

Sydnee: So they would trepan into the skull. They would drill a hole into the skull, and then inject alcohol into the front part of the brain.

Justin: Okay.

Sydnee: Then, when that wasn't doing great, they drilled more holes into the skull, and then took a leucotome, I believe is how it was pronounced, which was just a long instrument with like a loop at the end, and kind of cut holes throughout the frontal lobe.

Justin: I mean, there had—I know people back then were idiots. It's not like today when, even a common man like me understands pretty much everything about medicine. I mean, I know back then people were dumb. But, they knew, right?

I mean, like, they had to know, to some extent, that what they were doing—that they were experimenting to a large extent. I mean, like, they were not going into each of these with "first, do no harm" in their minds, right? I

mean, they were hoping to maybe not do harm while they were in there, but they had to know.

Sydnee: It's tough. I agree with you, I don't think that you can go into a procedure like that with, you know, "first, do no harm, primum non nocere" on your mind. Again, that's why you gotta think about it in the context. These were doctors who had nothing to help their patients and they thought this would help, and they were willing to risk it.

Now, to be fair, these patients weren't able... you know, these were people who were, at the time, so mentally ill they probably didn't consent or not consent. In a lot of the cases, it was the family saying, "Yeah, go ahead, do whatever. We don't know what to do with them." So, you know.

I wouldn't say that they were trying to do harm, or that they were intentionally experimenting using patients as fodder for their research, but they certainly weren't thinking about the patients as we would today.

Justin: You may not say it, but I'll say it. Suck it, old dead dudes. You just got burned. Welcome to Justin's griddle. It's a new segment on Sawbones where I put some of you SOBs on notice. Watch out. The griddle is hot.

Sydnee: [laughs] Justin's coming to get ya in 1935.

Justin: The griddle's coming for ya in 1935.

Sydnee: And the thing is, too, he would publish his results, and even his results—he did this to about 20 people. For everything, I mean anxiety, depression, catatonia, mania, schizophrenia, whatever. And he said, "Well, about a third are completely cured, about a third are better but not completely cured, and about a third are the same. It's pretty good."

Justin: [snorts]

Sydnee: Now, it is worth noting that he published side effects of the procedure as being increased temperature, vomiting, bladder and bowel incontinence, diarrhea, ocular affection such as ptosis and nystagmus, as

well as psychological effects such as apathy, akinesia, lethargy, timing and local disorientation, which means you don't know where or when you are, kleptomania, and abnormal sensations of hunger.

Justin: [laughs] "I'm missing some of my brain, I gotta steal!"

Sydnee: [laughs] "And I'm hungry!"

Justin: "I'm hungry!"

Sydnee: In addition, it left some people completely detached from humanity and void of any personality.

Justin: Yeah, 'cause the brain part.

Sydnee: He always said that these—what he maintained was that these symptoms were temporary, that they would go away and your patient would get better. And it certainly made the patients more docile, and this is probably why it continued to happen in psychiatric facilities. Because patients who were combative or violent were certainly not combative and violent afterwards. That's not to say that this was better. But they were easier to care for.

Justin: Right.

Sydnee: Which is a terrible, terrible reason. But there it is. And even though he was met with incredible criticism, he actually won the Nobel Prize for this in 1949.

Justin: [scoffs] Nice job, Nobel Prize. Now I'm putting you on the griddle, you're next.

Sydnee: And, you know, the thing is... it's crazy because if you look at this period of time, while he was doing this procedure and while, as I'm gonna tell you, it really took off in America... other countries were not in agreement.

In the USSR, it was banned in 1950 and essentially called a crime against humanity. It was banned in Germany, it was banned in Japan, and this is when it was in its height in the US. There were many countries that just completely thought of it as a terrible thing. And there were many people publishing this, but—

Justin: At least there were dissenting voices. That's something, I guess.

Sydnee: But when we're talking about the history of lobotomy, you've really gotta talk about the US, because over the course of the '40s and '50s we did a total of about 40,000 lobotomies in the US. Throughout all of the years, you know. At the peak, about 1951, we were doing thousands. One physician was doing as many as 25 a day.

Justin: Ugh.

Sydnee: The main doctor doing them in the US was Walter Freeman. He had his partner, James Watts. They learned the technique from Moniz, brought it to the US and then they perfected it in the way that many people probably negatively associate with lobotomy today.

Justin: Which is what?

Sydnee: So, Freeman felt that it was unfair that this was a procedure that needed to be done in an operating room under anesthesia, you know, with technicians and sterile procedures and all that. Because the problem is that in a state hospital, in a state mental facility, they didn't have all those resources. Right?

Justin: Right. So what was his solution?

Sydnee: Well, his solution was to try to, instead of moving the patient to the hospital, let's move the procedure to the patient and make it something that you could do essentially in an out-patient setting.

Justin: Meaning?

Sydnee: Meaning that you don't need an operating room to do it, you don't have to put the patient to sleep.

Justin: So, okay, what's—

Sydnee: So, in order to do that, you can't drill into the brain. You have to find a way to get to the brain without drilling a hole in the skull.

Justin: Oh, man. [nervously] What did we do?

Sydnee: So Dr. Freeman went home one day and he dug through his, you know that big utility drawer everyone's got in their kitchen? It's not where you keep your silverware, it's where you keep, like, your spatula...

Justin: My flashlight, my bar spoon.

Sydnee: [laughs] Your bottle opener.

Justin: My muddler.

Sydnee: So, he dug through his drawer, and what did he pull out?

Justin: Tell me.

Sydnee: An ice pick. He pulled out an ice pick, he went to the fridge, or the fruit basket, I don't know. Where do you keep grapefruit?

Justin: Ice locker?

Sydnee: Where do you keep grapefruits?

Justin: The counter?

Sydnee: Are those ones that, do they ripen on the counter or do they ripen in the fridge?

Justin: Uh... I think fridge.

Sydnee: I don't have a clever song about those, like bananas.

Justin: Let's go with fridge.

Sydnee: So, he went to the fridge, he pulled out a grapefruit, and he started practicing the first trans-orbital lobotomy on a grapefruit with an ice pick in his kitchen.

Justin: Where's that inspiring montage?

Sydnee: [laughs]

Justin: [sings] You've got the touch, dun dun! [laughs] He's just stabbing grapefruit after grapefruit.

Sydnee: [laughs] How exactly he decided he had perfected the procedure on the grapefruit is beyond me.

Justin: "I got it! That was the one!"

Sydnee: But he felt like he could do it. He invented an orbitome, similar to the leucotome.

Justin: Which is an ice pick. [laughing]

Sydnee: Which is an ice pick that you insert through the medial, which is the part of your eye that is next to your nose, you insert through that part of your eye. Not through the eyeball itself, next to the eye. Go up along the nasal bone until you're in the frontal lobe.

Justin: Nooope, I'm out.

Sydnee: And then, um, you kind of just swirl it around. There was a procedure for it, where you made certain cuts, I mean, it wasn't just

random. But if you were to watch it, it would look like a guy inserted an ice pick through the corner of this other guy's eye and then swirled it around in his brain. And then repeated on the other side.

Justin: Okay, so this is a weird question and I don't know the answer to, but I know you probably do. Um, is the brain, like... that squishy? Because you've gotten your hands on a brain before. Is it that squishy that it could be like, scrambled like that? Because it seems like it'd be beefier than that.

Sydnee: No. No, you're just making cuts in it, essentially.

Justin: Okay.

Sydnee: If it's sharp, you're swiping through it and making cuts. Which is what—the idea is that he's cutting through those same fibers that connect it to the rest of the brain. Now, who knows what you're actually doing. And, I mean, he would do this, you know, you weren't doing this under anesthesia. Usually you would give the patient some electric shock therapy, which would, you know, make them unconscious for a while, and then hold them down and do this procedure.

Justin: Ugh.

Sydnee: He used to impress his students. He was ambidextrous, and he used like to impress people by doing both eyes at once.

Justin: Guys, we have mistreated the mentally ill for so long in this country. Stuff like this just turns my stomach.

Sydnee: It's really horrifying, because once he perfected his version of this procedure, he actually took his family on vacations all over the country. He liked to visit national parks. And he would drag his family along with him and stop at every hospital on the way to perform lobotomies at the local hospital and teach the physicians there how to do it. So he just travelled the country, cutting up people's frontal lobes. I mean, doing thousands of them.

Justin: He's like, sort of like Johnny Appleseed? Kind of?

Sydnee: It's a horrible Johnny Appleseed.

Justin: Yeah, kind of like a crappy Johnny Appleseed.

Sydnee: The worst Johnny Appleseed. But the thing is, you have to know, not to completely curse Dr. Freeman, God rest his soul... but he did receive many, many thank you notes from the families of these patients. And some patients, actually, that survived the procedure and could still talk afterwards, said that they appreciated what he did for them.

Now, the problem with that, again—he actually in defense once, when he was being called to task for what he'd done, he went to one conference and dumped out a basket of 500 Christmas cards that he'd received over the years from various families.

Justin: [laughs]

Sydnee: As evidence.

Justin: I thought for a second you were gonna tell me that he dumped out Christmas cards that he was gonna send to all them. "These were for you!"

Sydnee: [laughs] "These were for you, but now you don't deserve them!"

Justin: "Now I wouldn't even send you a Christmas card. You don't believe in me!"

Sydnee: Obviously the problem with this is that families and psychiatric facilities enjoyed this procedure because your loved one, who previously was mentally ill and suffering from, you know, the side effects of that illness that was uncontrolled because we didn't have medication or anything, would come home and be kind of like a mannequin. You know. And wouldn't cause any more problems.

And as one physician criticized at the time, you know, well, then we may as well kill them if that's what we're trying to do, is make them easier to care

for. You know, we're taking away their lives, we're taking away the "who" of them.

Justin: So, Syd, what all what we used this for? What was this a treatment for in the time?

Sydnee: Any kind of mental illness could have been victim to lobotomy. I mean, anything. You know, anxiety, depression, any kind of mood disorders, bipolar disorder, schizophrenia certainly. But it was also used for mental retardation in some cases. It was used for dementia. Some treatments were treated this way because they were homosexuals.

Justin: So, you're saying it's something of a cure-all.

Sydnee: Yes.

Justin: And what have we learned on Sawbones, if nothing else? We've learned that cure-alls cure nothing.

Sydnee: Cure nothing.

Justin: Yep.

Sydnee: Absolutely.

Justin: Once you get to, like, three things that something fixes, that's when you need to just take a step back. Whoa, whoa, whoa, this doesn't seem right, that fixes a lot of things.

Sydnee: And especially when you see a procedure that was done disproportionately on the vulnerable. You know, members of society who were suffering from mental illness and were unable to speak for themselves.

If you look at some European countries, it was done largely on women. Young children. So, you know, members of society who can't stick up for themselves at the time. And again, you know, some patients would claim great success, which would spur it on for a while.

But finally, of course, the pressure against it was overwhelming. I mean, when we have the USSR and Germany and Japan and many other countries calling it inhumane, finally by the '70s, it tapered off and stopped being performed in the US.

Justin: So we don't have lobotomies today, right? There's not some, like, weird faction of doctors sticking by it.

Sydnee: No, no. People certainly aren't doing lobotomies for psychiatric disease like they used to. And a lot of this in the 1950s, the mid-1950s, we started to invent psychotropic medications, medications to cure—well, not to cure, but to treat, I should say, mental illness. And at that point, you know, this fell out of favor.

We do, certainly, some lobectomies, I will say. It is not impossible to remove a part of the brain, or to create a lesion, you know, some kind of damage to a part of the brain to treat severe forms of epilepsy in some cases, or I think a lot of people are familiar with some of the stuff we've done for Parkinson's and stuff.

Justin: Yeah, right.

Sydnee: But they're certainly different. These are very different procedures.

Justin: That's what Michael J Fox had, right? A small section of his brain removed?

Sydnee: Not removed.

Justin: Or a shunt, or stent or something... oh, it was like a pacemaker, right? Like a brain pacemaker?

Sydnee: He did have that. But there's also a treatment for Parkinson's where you create a lesion, or you damage a little part of the brain.

Justin: Oh, okay.

Sydnee: In order to treat certain diseases. But again, this all very different from the lobotomies that we're talking about.

Justin: So, did this cat just get to keep his Nobel Prize? Does he still...

Sydnee: Yeah. People have been calling for years to rescind it, and it's never been done. You know, I think the position is that we stand by what we said at the time. But, um, it's interesting. Some famous people fell victim to this. JFK's sister Rosemary was lobotomized at the age of 23. A lot of people theorize it was actually for mental retardation, but nobody's really sure what it was for.

Tennessee Williams had an older sister that had a lobotomy performed and a lot of his writings were inspired by that, what she went through. And then one story that a lot of people like to quote as the inspiration for lobotomy, have you ever heard of Phineas Gage?

Justin: Uh, yeah actually.

Sydnee: Tell me about him.

Justin: He had a... he had some kind of head injury, right? Like, guy got some sort of head trauma, and it changed his personality?

Sydnee: Uh huh. How'd you know about that?

Justin: It's on the screen.

Sydnee: [sighs] You're such a cheater. So Phineas Gage, back in 1848, was a railroad worker. Had a spike accidentally driven through the frontal lobe of his brain, completely survived the accident no problems, other than he underwent a drastic change in his personality. And a lot of people thought that this is where the original idea for lobotomy came from, because he had

his frontal lobe damaged and his personality changed but he survived. But that actually isn't true.

Justin: There you have it. Another theory that's been torn wide open by Sawbones.

Sydnee: [laughs] Absolutely.

Justin: Leave your misconceptions at the door.

Sydnee: It's a really interesting history, and I think a lot of people, you know, wonder where it ever came from. I know for me, my only interaction with it was I always think of One Flew Over The Cuckoo's Nest.

But it really was a time when doctors thought it was better to do anything you could for a patient, even if it was going to harm them, than to do nothing. And not to mean that the doctors were blameless, because they were targeting people who couldn't speak for themselves. And they were using them as guinea pigs. And I'm just glad we're not doing it now.

Justin: Yeah, me too. What I am glad we're doing is Sawbones, every Friday. And we thank you for joining us yet again for another heart-warming, brain-separating episode. Boy, we need a happy one. Let's do, like a fun one next time.

Sydnee: We'll do a fun one next time.

Justin: These past few have just been so bumme-y.

Sydnee: I'm sorry!

Justin: It's not your fault. We've used medicine, you don't realize it, how we used it sort of institutionally to keep people down. The man uses it as another tool. Like... like bank loans.

Sydnee: Well, I think it's been important as we now, hopefully, physicians see themselves as partners with their patients. They're working together so

that everybody can have a more quality life. And that we're not these kind of paternal figures that just know what's best for everybody and do whatever we can to, you know, fight death and disease all the time.

I think as medicine shifts from that kind of viewpoint and more towards a place where we're all working together, and we're just sharing what we know and what we've learned and trying to help out, I don't know. Things get better.

Justin: That's all we're doing, trying to help out. And if you'd like to help us out, you can head over to iTunes and give our show a review. Gosh, we sure appreciate that. Sydnee reads—

Sydnee: Literally every one.

Justin: Yeah, no exaggeration, Sydnee reads every one, and it really does mean the world to her.

Sydnee: Yeah, thanks so much, guys.

Justin: Yeah, if you get a chance to do that, just right now, while you're listening. There's no need to wait. We've got Avi Warner, Sunwarm, E-rock, hpettsj654, MacKenzie H, VirgoRedGuy, AcidTested, goggleman64, MonsterJohn73, Breenie3, Mu60, I think?

Sydnee: I think that's MU60, because we got a "Go herd!" at the end of that one.

Justin: Alright, MU60, we'll go with that.

Sydnee: We are Marshall!

Justin: Signature, CropCircleMan, Sportsman, TGDelindaK, Jared Devonchip? I can't do that one. Thank you so much to everybody who's been reviewing the show and sharing it.

Sydnee: And our very good friend Julie. JJ Cundiff, there.

Justin: Oh yeah.

Sydnee: Who we grew up with.

Justin: Formerly, nee Julie Haye.

Sydnee: Julie Haye, yeah. Thanks for listening.

Justin: And thank you to everybody out there who's been sharing the show and tweeting about it. You can tweet about it with the @Sawbones username, just, you know, share the show, say, "I've been listening to this, I love these cats and they're my best friends."

Sydnee: And thanks for checking us out.

Justin: Thank you so much guys. We'll be here with another episode of Sawbones. My name's Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

[theme music plays]

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