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Italia, a promuovere la pubblicazione nella nostra lingua dei testi di Jung presso la casa editrice Astrolabio nella collana “Psiche e coscienza”.

La contestazione del ’68 non lascerà fuori la psicologia istituzionale sfociando, poi, nella costituzione di un movimento di idee che verrà chiamato dell’“antipsichiatria”, di cui farà parte attiva Franco Basaglia. Fu proprio lui, nel 1978, a far passare la famosa legge 180 sulla riforma psichiatrica. Il movimento “Psichiatria democratica” aveva come interesse primario quello di destituire la struttura manicomiale così come era esistita fino a quel momento, cioè come luogo di emarginazione e oppressione, fino ad arrivare anche ad interventi nella scuola con l’abolizione delle classi differenziali.


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It has been 35 years since the introduction of the antipsychotic drug chlorpromazine effectively ended the large-scale career of psychosurgery. In historical terms, that is enough time for a new generation to emerge, so it is not surprising that we are now witnessing a relatively dispassionate reassessment of this troubled therapeutic phenomenon. Because it is so thorough, Pressman’s book will probably be the principal point of reference in that reassessment for many years to come. The central themes of the book are: (1) the role of psychosurgery (practiced as frontal lobotomy) in the growth and development of American psychiatry from the 1930s to the 1950s, and (2) the constant tension between the rigors of medical science and the practicalities of medical practice, as exemplified by the first theme. The restriction of the analysis to the American side of the Atlantic is in line with most other historical treatments of the subject, because ‘the action’ was in the United States, but I suspect that something of comparative value is lost to this limitation.
In the 1930s, the basic theory of America’s leading academic psychiatrist, Adolf Meyer, was the idea of mental illness as maladjustment, which had both mentalistic and physical aspects. He thus hoped that a unified psychobiology would lead to advances in the treatment of mental illness. This was also the era when American psychiatry was being transformed in the Freudian direction by an influx of European refugee psychiatrists, which meant that the private practice of individual psychotherapy was a growing phenomenon among the middle and upper classes. However, there was a major professional gap between the small but powerful group of academic leaders and the large group of practitioners at the increasingly overcrowded government hospitals. It was in this context that the 1930s saw the introduction of several aggressive somatic treatments for severe psychoses. Insulin coma was first reported in 1933 and metrazol convulsive therapy in 1935. Egas Moniz reported frontal lobotomy in 1936, and electroconvulsive shock (still in use) was described in 1938.

From the beginning, lobotomy was seen as a “last resort” because of its invasiveness, but it also appeared to have a scientific basis that was lacking for the other somatic therapies. The original ‘myth’ about lobotomy stated that in August 1935 Moniz first heard the report of John F. Fulton and Carlyle Jacobson about the effects of frontal lobectomy (not lobotomy) on the chimpanzee Becky; then he rushed home to Lisbon and began to do lobotomies on humans. Others have taken issue with this simplistic tale, and Pressman adds his own dissenting views. At the time, however, the involved parties bought it and sold it to the medical world and to the general public. Indeed, Fulton was pursuing legitimate and important research in the frontal lobes, and the apparent success of frontal lobotomy initially strengthened his enterprise. Pressman’s detailed analysis of Fulton’s role in the scientific and clinical world of his time is the best I have ever encountered. It will be extremely useful to any historian who investigates anything that Fulton ever touched, with or without psychosurgery.

The other major characters in the drama were the neuropsychiatrist Walter Freeman and the neurosurgeon James Watts. Watts had been a student of Fulton and retained close ties with him. Freeman convinced Watts to do the first lobotomies in North America in September 1936. If there is a villain in the story, it is Freeman, who started doing his own transorbital (“icepick”) lobotomies in 1946. Two years later he set out on a crusade to bring lobotomies to large numbers of institutionalized patients by driving to backwater state hospitals throughout the country and showing their staffs how to do the transorbital procedures. The large majority of these subjects were chronic schizophrenics. Naturally, this caused ruptures with Watts, with Fulton, and with much of the more traditional part of the medical establishment. The negative reaction to Freeman’s crusade was building up rapidly when chlorpromazine was introduced in 1954, thus closing the major part of psychosurgery’s career.

Although the more egregious excesses eventually occurred at the state hospitals, it was the more elite, private psychiatric hospitals that first added