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# Cutting Out Worry: Popularizing Psychosurgery in America

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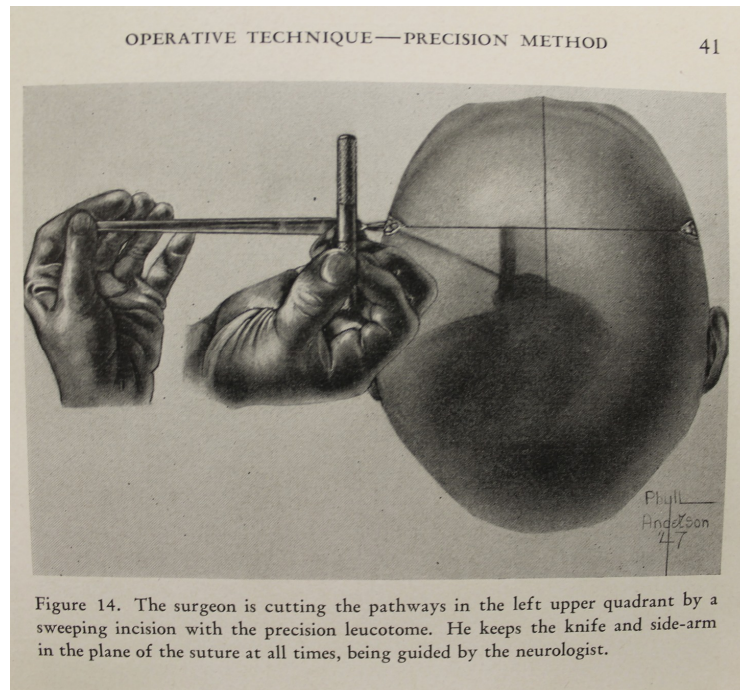
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# Cutting Out Worry:

## Popularizing Psychosurgery in America

By: Antonietta Iannaccone



Submitted to Scripps College in Partial Fulfillment of the Degree of  
Bachelor of Arts

Professors Hamilton, Professor Wakefield, and Professor Williams

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To Mama: I would have dedicated this to you anyway as you have always been my voice of reason and encouragement... This may be the last project we ever started together but it will not be the last you ever inspire me to do.

Cover image: Illustration from *Psychosurgery in the Treatment of Mental Illness and Intractable Pain* (1950) page 41

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## Chapter 1: Introduction



**Figure 1: Insignia on cover page of *Psychosurgery in the Treatment of Mental Disorders and Intractable Pain*.**

### Black Butterflies

“J’ai des papillons noirs tous les jours” – I suffer black butterflies everyday- is an idiomatic expression used to describe when someone falls into a dark or somber mood. Margaret Freeman came across this phrase while accompanying her husband, the American neurologist Walter Freeman, to one of his medical conferences in France. She often used it to refer to the crippling depression that led to her alcoholism and eventual death. One day while sick in bed, Dr. Freeman was inspired to sketch the black butterflies of depression escaping from a skull. Stamped on gold foil, the drawing is shown in Figure 1 and would eventually appear as an insignia on the title page of his medical textbook, *Psychosurgery in the Treatment of Mental*

*Disorders and Intractable Pain* (1950). In that book, Freeman details the theory, administration, follow-up care, and consent protocols for one specific form of psychosurgery: the lobotomy. Dr. Freeman introduced the procedure to America in 1936 as a way of treating a set of mental disorders that ranged from manic depression, to unmanageable anxiety, to schizophrenia. His drawing depicts the butterflies of depression escaping from the burr holes used to access the brain during the original form of the surgery. By 1978 it is estimated that 40,000 patients received lobotomies in this country.<sup>1</sup> It is generally acknowledged that this represents one of the most discredited and even shameful episodes in the history of modern medical practice. Why was it ever tolerated by the medical community? How did the practice continue for so long? In this thesis I will investigate one facet of these questions.

### **The Mental Health Profession in the 30's**

The state of affairs in the mental health profession during this period provides useful context. There were no reliable treatments for mental illness in America in the 1930s. Asylums were overcrowded. Staff was demoralized. After World War II these problems grew even worse as soldiers with either traumatic brain injuries or emotional injuries returned home. In a clinical setting where many of the available treatments - including insulin shock therapy, electroshock therapy, and small doses of poisonous gas - were risky and often unsuccessful, the lobotomy -

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<sup>1</sup> This number is an approximate. Freeman himself estimated between 40,00-50,000 procedures were done by the late 1950s. El-Hai quotes 40,000 in his article "Godfather of the Lobotomy: Egas Moniz" Jack El-Hai to Jack El-Hai Writer 2014.

which involves cutting the frontal lobes of the brain, even when the tissue appeared to be healthy - offered hope.<sup>2</sup> In some cases it did provide relief. In other cases it had no effect. But even where the effect was negative and patients' mental capacities were reduced, it could seem compassionate to at least give the procedure a chance, given the alternatives. In this context, the lobotomy was not the sinister operation we now understand it to be. But its adoption also owes to the way Dr. Walter Freeman, as one of its prime implementers, actively advocated for it.

The insignia on the title page of *Psychosurgery in the Treatment of Mental Disorders and Intractable Pain* is a subtle example of this advocacy. The beautiful, yet cryptic image draws the reader in - why does this openly poetic gesture appear on the first page of a very technical textbook? The image is the first example of many that will demonstrate Freeman's comfort pushing the conventions of professional practice in order to engage his audiences, both public and professional. It points to a quality of drama and spectacle he was willing to employ to promote his ideas.

### Publishing Ordeals

Freeman and his collaborator James Watts produced two editions of *Psychosurgery in the Treatment of Mental Disorders and Intractable Pain*, one in 1942 and a second in 1950. Bringing the book to print took a great deal of effort. Freeman and Watts approached two other publishing houses before Charles C. Thomas,

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<sup>2</sup> El-Hai, *The Lobotomist* (Hoboken, New Jersey: John Wiley & Sons, Inc., 2005). and Elliot S. Valenstein, *Great and Desperate Cures: The Rise and Decline of Psychosurgery and Other Radical Treatments for Mental Illness* (CreateSpace Independent Publishing Platform).

Publisher agreed to print the book. That agreement, however, came with a special condition: the doctors had to pay for the entire production run. The second edition cost them \$9,258.56 for 2,500 copies.<sup>3</sup> In 1942 Freeman describes how, “The book was an expensive one, not only in the time and energy expended on it but also in terms of publication costs. However, Jim and I were making a good income from our partnership in lobotomy, and we could afford it.”<sup>4</sup>

Despite the fact that conditions created demand for a new therapy, publishers were wary because initial skepticism toward the lobotomy did exist in the medical world. The Macmillan Company, the first publishing house Freeman and Watts approached, explained that, “...there would be two difficult factors to overcome in bringing out a work of this kind, first, in that the method has not been finally accepted and second in that the book is on a very specialized subject. These factors, in [the company’s] opinion, preclude the probability of a profitable sale.”<sup>5</sup> Mr. Meyers of the MacMillan Company goes on to say that if Freeman and Watts agree to buy a certain number of copies from the company at a set price and distribute them personally to one of the medical associations with which they are affiliated, he believes his editorial board would be more willing to undertake the project.

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<sup>3</sup> Charles C. Thomas, "Letter to Walter Freeman," in *Walter Freeman and James Watts Papers*, ed. The George Washington University (Gelman Library Special Collections). Box 2, Folder 10.

<sup>4</sup> Walter Freeman, "Autobiography," *ibid.*, ed. The George Washinton University, Chapter 14. Box 9, Folder 1.

<sup>5</sup> The MacMillan Company J. N. Myers, "Letter to Walter Freeman," *ibid.*, ed. The George Washington University. Box 2, Folder 9.

But the deal fell through. In a letter written in 1940 from Watts to Freeman, Watts explains, “ [Mr. Meyers] stated that he had brought up the manuscript before the Council of the MacMillan Company for a definite decision and that the majority of the Council considered the subject matter of the book too controversial, and for this reason would be unable to publish it.”<sup>6</sup> It is important to note that at this point in time, lobotomies were being regularly performed on willing patients, and large circulation newspapers were even reporting on the new form of brain surgery. So although some members of the medical community resisted, Freeman and Watts pushed forward.

In 1940 the two authors approached a second publishing house, the W.B. Saunders Company. The representative there took a more positive tone:

You know that anything coming from you would be given every consideration. I am very sorry to say that there doesn't seem to be the slightest possibility of marketing this book successfully... I sometimes wish we could disregard the sales aspect of a book and bring it out chiefly as a contribution towards the advancement of medicine and surgery. Unfortunately, this cannot be done.<sup>7</sup>

Again, the publisher fears that profits will not pay for the cost of production.

By the time Charles C. Thomas Publisher agreed to undertake the project, the authors had agreed to underwrite the production costs themselves, which essentially converted the project into a large-scale vanity printing. It proved to be worth the risk; the book was well received and won official recognition. In a 1942 letter to Freeman and Watts, Charles C. Thomas said, “I am delighted to know of

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<sup>6</sup> James Watts, *ibid.* Box 2, Folder 9.

<sup>7</sup> W.B Saunders, *ibid.* Box 2, Folder 9.



your happy news that PSYCHOSURGERY was awarded the Horsley Prize.... The book goes steadily, but not in large lots. Just a steady, small, almost daily demand.”<sup>8</sup> For many years, the book would remain the only technical manual on the subject to which any doctor could refer. Acceptance among medical professionals, although lagging behind that of the public at large, would also grow. By 1947, the lobotomy reached its heyday. Spearheaded by Walter Freeman, the promotional energy that the two writers put into advancing their cause would also grow.

### Father of the Lobotomy

Freeman did not innovate the lobotomy; he just adopted it and promoted its use across America. The lobotomy was actually pioneered by a Portuguese neurologist, Dr. Egas Moniz, and his colleague, neurosurgeon Almeida Lima, in November of 1935 in Portugal.<sup>9</sup> Moniz had a theory that mental illness was caused by a short-circuiting in the frontal lobes where certain neural pathways became over-active and got stuck in a loop.<sup>10</sup> He hypothesized that if he could interrupt these cycles he could improve the situation of these patients.

Moniz had seen only seen one piece of evidence relating to his theory before attempting the procedure. At a neurological conference in London in 1935, he attended a seminar where Dr. John Fulton of Yale reported on research he had been

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<sup>8</sup> Charles C. Thomas, *ibid.* Box 2, Folder 10. It seems like the Horsley prize that he's talking about seems like it's from this association:

<http://www.vacadsci.org/horsley.htm>

<sup>9</sup> Valenstein, *Great and Desperate Cures: The Rise and Decline of Psychosurgery and Other Radical Treatments for Mental Illness*, 64.

<sup>10</sup> *Ibid.*, 84.

doing in his laboratory. Fulton had completely removed the frontal lobes of two chimpanzees. Prior to the surgery the animals would get upset and aggressive if they could not complete a task to get a reward; post-surgery Fulton was unable to provoke any such outbursts. Armed with only this anecdote and no additional evidence that a procedure of this kind would work with humans, Moniz acted upon his hypothesis.<sup>11</sup> First he tried injecting alcohol into the brain of a patient after holes were drilled in the skull, thinking this might disrupt the presumed neural loops. After seven attempts did not produce the desired effect, Moniz changed his approach and surgically severed nerve fibers with a wire.<sup>12</sup>

The experiment was deemed a success and in 1936 Moniz published a paper reviewing the first twenty cases.<sup>13</sup> He reported that several chronically agitated, nervous and depressed patients were alleviated from their symptoms.<sup>14</sup> The paper was well received and psychosurgery started being practiced in other countries as well. One of these countries was the United States. After reading Moniz's paper, Dr. Walter Freeman – who was then the head of Neurology at the George Washington University Medical School - began corresponding with his colleague in Portugal about the procedure. As a neurologist, Freeman lacked the surgical training that would allow him to perform the procedure by himself. So he enlisted the help of a neurosurgeon, James Watts. Watts admired Freeman's vivacious personality and

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<sup>11</sup> Ibid., 78.

<sup>12</sup> Ibid., 64.

<sup>13</sup> Egas Moniz, "Tentatives Opératoires Dans Le Traitement De Certaines Psychoses," *Archives of Neurology and Psychiatry* 36, no. 6.

<sup>14</sup> Valenstein, *Great and Desperate Cures: The Rise and Decline of Psychosurgery and Other Radical Treatments for Mental Illness*, 86.

dedication to his work.<sup>15</sup> Together, they performed the first lobotomy in the United States on September 14, 1936.<sup>16</sup>

### Bringing the Lobotomy to America

The first lobotomy patient in America was named Alice Hood Hammitt. She suffered from an “agitated depression”, but was reported by Freeman to be relieved of her symptoms post-surgery.<sup>17</sup> After this initial success, Freeman and Watts moved quickly and within two months they had performed twenty procedures. At this point they treated the lobotomy as a last resort therapy: only after all other treatments had been tried without success would they attempt the procedure on a patient. In spite of this initial cautiousness, though, they claimed the operation could alleviate symptoms of anxiety, depression, obsessive compulsion, schizophrenia, and paranoia.

By way of explanation for this effectiveness, Walter Freeman had a different theory than Egas Moniz. He abandoned Moniz’s hypothesis of fixed ideas stuck in unchanging pathways. Instead, he argued that psychosis was rooted in miscommunication and imbalance between the frontal lobes - where reason and cognition were housed -and the thalamus - the brain’s center for emotion. Freeman reasoned that in a mentally-ill patient, signals from the thalamus overwhelm the frontal lobes and produce the patient’s symptoms. According to this theory, the

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<sup>15</sup> El-Hai, *The Lobotomist*, 91.

<sup>16</sup> Valenstein, *Great and Desperate Cures: The Rise and Decline of Psychosurgery and Other Radical Treatments for Mental Illness*, 7-8.

<sup>17</sup> El-Hai, *The Lobotomist*, 13.

lobotomy was not interrupting circuits to cause a rewiring as Moniz suggested, but instead was weakening the communication between the two regions of the brain.<sup>18</sup>

### The Transorbital Lobotomy

It was this theory that led Freeman to develop a new form of the lobotomy independently of James Watt.<sup>19</sup> If it was no longer circuits within the frontal lobes that had to be disrupted, but rather the connection of the frontal lobes to the thalamus that had to be severed, then the access point for the procedure could change in a way that would reduce recovery time. The transorbital lobotomy - more infamously known to the public at large as the “ice-pick” lobotomy - disrupted the connection between the thalamus and frontal lobes from a different point of entry into the skull. During the transorbital lobotomy, the surgical instrument – known as a leucotome - was inserted into the tear duct of the patient’s eye. With a light tap of a hammer, the leucotome was driven through the base plate of the skull, from which point it could then be used to cut some of the nerves between the frontal lobes and the thalamus.

The first experiments with transorbital lobotomy were performed on cadavers in 1945 in the autopsy rooms of the Gallinger Municipal Hospital Psychopathic Ward.<sup>20</sup> Freeman felt that the whole process of cutting boreholes in the skull to access the frontal lobes hindered the treatment of patients. By changing

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<sup>18</sup> Ibid., 164.

<sup>19</sup> It should be noted here that the popular press rarely distinguished between the prefrontal and transorbital lobotomies.

<sup>20</sup> El-Hai, *The Lobotomist*, 181-83.

the access point to the base plate of the skull via the eye socket, the lobotomy went from being a very specialized neurosurgery that could take hours, to a procedure that could be completed in ten minutes.<sup>21</sup> This changed the entire nature of the operation: instead of needing weeks to recover, patients could now get up from the operating table under their own power and walk out of the room. The lobotomy was transformed from a procedure that left vivid scars to one that left no trace - once the black eyes had healed. Freeman even eliminated the need for anesthesia by using electroshock therapy to render patients unconscious for a sufficient length of time. Sometimes this involved re-administering the shock between sides of the brain.<sup>22</sup>

Freeman's boldest (and quite controversial) claim was that this new version of the lobotomy no longer required a neurosurgeon to perform it. Coupled with the short operating time, the lack of need for an operating room, and the abbreviated recovery period, his assertion encouraged adoption of the new procedure by many asylums. Freeman began going on tours of institutions and teaching doctors how to perform transorbital lobotomies, further aiding the rapid spread of the procedure.

### Promotional Activities

These tours were only one part of a very heavy travel schedule, travel constituting a big part of Freeman's efforts to popularize his work. Universities and international conferences asked him to present papers.<sup>23</sup> He traveled across America many times on what he cheerfully called "head and shoulder hunts"

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<sup>21</sup> Ibid., 185.

<sup>22</sup> Ibid., 189.

<sup>23</sup> Ibid., 137.

(referring to the photographs he took) to visit former patients and gather information on their progress.<sup>24</sup> He was very conscientious about photographing as many of these patients as possible for his records. In the summer of 1951 he gave demonstrations in Canada, Puerto Rico, and Curacao and visited mental hospitals in seventeen states.<sup>25</sup>

Other doctors not only adopted the new procedure, they began to add their own modifications to improve its effectiveness. Techniques ranged from removing cores of tissue to vacuuming out sections of the lobes to leaving an access site so that hot water could be injected into the brain repeatedly.<sup>26</sup> Freeman claimed a 45% success rate where success was defined as a patient being discharged from the hospital.<sup>27</sup> There is no indication of what state these patients were in at this point, only that they could go home with some amount of care.<sup>28</sup> For some patients this included returning to the workforce.

Increasing his personal visibility was also part of Freeman's promotional program. One year he mailed out two thousand reproductions of a snapshot his son had taken of him camping. Another year he bought two thousand Christmas cards in Europe and mailed them across America to former patients.<sup>29</sup> During one five week

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<sup>24</sup> Ibid., 297.

<sup>25</sup> Edward Shorter, *A History of Psychiatry: From the Era of Th Asylum to the Age of Prozac* (John Wiley & Sons), 227.

<sup>26</sup> El-Hai, *The Lobotomist*, 21.

<sup>27</sup> "Psychosurgery, Time," in *Walter Freeman and James Watts Papers*, ed. The George Washington University (Gelman Library Special Collections). Box 20, Folder 2.

<sup>28</sup> *The Lobotomist*, 196.

<sup>29</sup> Ibid., 297.

trip he drove 11,000 miles in a station wagon loaded with an electroconvulsive shock box, a Dictaphone, and a file cabinet filled with patient records, photographs, correspondence and camping equipment.<sup>30</sup>

Freeman's professional affiliations were extensive. He was a member of the American Psychiatric Association, the Medical Society of the District of Columbia, the Mental Health Commission of the District of Columbia, the American Academy of Neurology, the Society for Biological Psychiatry, and the Washington Society of Pathologists to name only a few.<sup>31</sup> He was a founding member of the American Association of Neurology. He published many papers in prominent medical journals and helped organize the first International Congress on Psychosurgery in 1948.<sup>32</sup>

The number of Freeman's professional memberships may be large, but it is nothing out of the ordinary for a doctor. What makes him extraordinary is the way he blurred the boundary between this professional world and the public. He created a middle space where he could more easily promote his cause, especially by involving magazines and newspapers.

### Freeman, Advocacy, and the Press

To return to our original question, if we want to know how the lobotomy could have ever become so popular and widely accepted, one part of the answer is that Walter Freeman advocated for it not just among his colleagues, but through the

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<sup>30</sup> Valenstein, *Great and Desperate Cures: The Rise and Decline of Psychosurgery and Other Radical Treatments for Mental Illness*, 229

<sup>31</sup> El-Hai, *The Lobotomist*, 79.

<sup>32</sup> Ibid.

popular media outlets of his day as well. In this thesis I will claim that, starting in 1936, Walter Freeman influenced the positive portrayal of lobotomies in the American press. He participated in a convergence between medical culture and the popular press by cultivating a representation of the procedure that could appeal to both. His tools included narrative accounts, images, and a public dramatization of himself that was hard to resist. I will show how these efforts were quite successful in the beginning, but that by 1947 he started to lose control of the perceptions and narrative he had worked so hard to construct.





## Chapter 2: Historiography

### Rehabilitating Freeman's Image

I read for the first time an article by Walter Freeman describing incredibly positive results of lobotomy. Not yet eighteen at the time, I felt confident I could prove that the man was lying.... While never achieving my original goal of exposing Freeman's lies, this work has helped me understand the fluidity of truths and their interpretation in the history of medicine, and particularly in psychiatry.<sup>33</sup>

So begins Mical Raz's *The Lobotomy Letters* (2013), an account of how the notorious form of brain surgery became so widely accepted by practitioners of modern medicine in the mid 20<sup>th</sup> century. Although tempted to vilify his subject, Raz quickly discovers how hard it is to demonize Walter Freeman. He is not the only scholar who has encountered this problem while trying to explain this piece of medical history. Since the 1980s there has been a larger trend amongst historians to recuperate the history of the lobotomy from the perception generated by pop culture representations. Probably the most iconic of these representations is *One Flew Over the Cuckoo's Nest* (1962) where it presented as an evil form of suppression and mind control.

In *The Lobotomist* (2005), a general-audience biography of Walter Freeman, Jack El-Hai acknowledges that, "Aside from the Nazi doctor Josef Mengele, Walter Freeman ranks as the most scorned physician of the twentieth century."<sup>34</sup> Nevertheless, El-Hai feels this image needs rehabilitation. He concedes that in the beginning he had trouble accepting the "persuasive evidence that at times

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<sup>33</sup> Mical Raz, *The Lobotomy Letters: The Making of American Psychosurgery* (The University of Rochester Press), ix.

<sup>34</sup> El-Hai, *The Lobotomist*, 1.

[Freeman] acted in the best interest of his lobotomy patients, given the limitation of the medical environment in which he worked and the perilous nature of scientific innovation.”<sup>35</sup> But by the end he comes to the conclusion that serves as the subtitle of his book. He argues Freeman that was “a maverick medical genius” embarked upon a “tragic quest to rid the world of mental illness.”<sup>36</sup> For his part, Raz is not as generous in his analysis of Freeman’s character, but even he comes to understand how Freeman could advocate for the lobotomy so stridently.

These scholars offer two main explanations for why lobotomies became so popular: the dissatisfaction doctors felt with their ability to help patients using the therapies available to them, and the perception that lobotomies provided an effective alternative.<sup>37</sup> My analysis will give additional reasons for the acceptance of the procedure, including the way Freeman cultivated a relationship with the popular press and the way he capitalized on the dramatic nature of the therapy.

### **The State of Mental Healthcare in the early 20<sup>th</sup> Century**

Lobotomies came to be accepted, in part, as a matter of necessity. The medical field in the 1930s was desperate for a procedure that could offer some hope to patients, their families, and doctors as well, no matter how tenuous or how contrived. At this time there were only a few other treatments – all experimental - that even attempted to return the mentally ill to society. Once a patient had been committed to a psychiatric institution they generally stayed there indefinitely. El-

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<sup>35</sup> Ibid., 4.

<sup>36</sup> Ibid.

<sup>37</sup> Ibid., 236.

Hai explains that when evidence finally proved that electroshock therapies were not effective, staff members at overcrowded, government-run psychiatric hospitals were greatly troubled. They “had little else to offer to the desperately sick people in their charge.”<sup>38</sup> He argues that the lack of treatment options reduced these demoralized staff members to the role of custodians more than medical professionals.

By contrast, El-Hai points out that the lobotomy, even with its inconsistent success, was a therapy that could actually get patients discharged.<sup>39</sup> The surgery really did allow a number of patients to resume life outside the locked doors of the mental ward. Even the ones that could not be discharged were easier to take care of, because the procedure reduced violent and forceful tendencies.<sup>40</sup> El-Hai notes the two big benefits of the lobotomy: First, it could sometimes turn sick patients into productive members of society. Second, it was “a way to disarm the potentially disastrous institutional time bombs of overcrowding, poor morale, medical stagnation, and political invisibility.”<sup>41</sup> All of this helps explain why the procedure was adopted, but it omits another important reason why lobotomies came to be accepted: Freeman’s unabashed tactic of engaging the popular press as well as his professional colleagues in his promotion of the technique.

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<sup>38</sup> Ibid.

<sup>39</sup> Ibid., 196.

<sup>40</sup> Raz, *The Lobotomy Letters: The Making of American Psychosurgery*, 288. and Shorter, *A History of Psychiatry: From the Era of Th Asylum to the Age of Prozac*, 229.

<sup>41</sup> El-Hai, *The Lobotomist*, 237.

## Psychiatry Versus Neurology

The historical development of the fields of neurology and psychiatry also figures into the story of how the lobotomy gained credibility. In the early 1900s there were few criteria to separate the two fields other than the self-identification of doctors: both worked with “nervous illness,” but someone who addressed this condition in an asylum would call himself a psychiatrist, while someone who had trained in general pathology and internal medicine would call himself a neurologist.<sup>42</sup> There was little incentive to push the distinction beyond the shared category of “the nerves” because “patients found the notion of suffering from a physical disorder of the nerves far more reassuring than learning that their problem was insanity.”<sup>43</sup> Psychiatrists also benefited from this fuzziness for career-based reasons. Thanks to the blur zone between titles, they could follow the model of neurologists by escaping the asylum setting and establishing more lucrative private practices.<sup>44</sup>

The advent of new techniques like neurosurgery and psychoanalysis gave the fields a clearer basis for differentiation. Specifically, “neurosurgery changed the field of neurology from a mainly diagnostic profession to an interventionist, therapeutic one,”<sup>45</sup> whereas “the victory of psychoanalysis”<sup>46</sup> gave psychiatrists a therapy which was not based in biology and therefore unique to their domain.

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<sup>42</sup> Shorter, *A History of Psychiatry: From the Era of Th Asylum to the Age of Prozac*, 136.

<sup>43</sup> Ibid., 113.

<sup>44</sup> Ibid.

<sup>45</sup> Raz, *The Lobotomy Letters: The Making of American Psychosurgery*, 23.

<sup>46</sup> Shorter, *A History of Psychiatry: From the Era of Th Asylum to the Age of Prozac*, 113.

Raz explains how this drive to differentiate became a kind of rivalry which motivated the fields to develop further therapies that would ground their respective specializations.<sup>47</sup> The lobotomy served just this function.

Linking the origins of lobotomy to neurological practices common at the Salpêtrière [a French state hospital where Freeman spent important formative years] situates the procedure within the conceptual framework of neurology... lobotomy resonated with ... familiar practices and beliefs, and thus could be seen as a valid treatment.<sup>48</sup>

The lobotomy as a physical cure for a somatic disease could counter the growing popularity of the kind of psychoanalysis psychiatrists were employing to treat patients. It gave neurologists a way to define their profession as distinct from psychiatry and reclaim their ability to help patients.

El-Hai and Raz agree that Freeman, as a neurologist, was attracted to lobotomies because he believed that mental illness was rooted in a physical difference between patients who were sick and people who were healthy. El-Hai argues that Freeman was convinced “that many psychiatric illnesses were organic in origin and thus medical therapy for the brain would ultimately cure more mental diseases than any amount of psychoanalysis or talk therapy.”<sup>49</sup> In short, a somatic therapy would be the only effective approach to an organic disease.

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<sup>47</sup> Raz, *The Lobotomy Letters: The Making of American Psychosurgery*, 23.

<sup>48</sup> Ibid., 24.

<sup>49</sup> El-Hai, *The Lobotomist*, 70.

## Freeman's Formative Experiences

The roots of this conviction appear, at least in part, in some of Freeman's formative experiences as a doctor. For Jack El-Hai, the story of the lobotomy goes back even further, to Freeman's childhood. The author claims that Freeman's innate personality lent itself to becoming a lobotomist. He was sickly, very curious, and surrounded by doctors as a child, with few other people his age for friends. His grandfather W.W. Keen, a renowned doctor who had brought antiseptic surgery to Philadelphia, was his idol. This is in stark contrast to Freeman's relationship with his father, who, as the kind of doctor who was neither inspired nor motivated by his work, symbolized the antithesis of what the young man aspired to become. El-Hai explains how Freeman saw, "In his grandfather [a physician who].... engaged the world, followed speculation with action and enjoyed his profession."<sup>50</sup> Eventually, these qualities would all resurface in Walter Freeman's own career and approach to medicine.

Mical Raz concentrates on Freeman's years after medical school. In 1923 Freeman went to study under Peter Marie at the Salpêtrière in Paris, France. The education he received at this hospital helped determine how Freeman would come to think about the lobotomy. This is where the young doctor's attitude toward clinical experimentation and how to evaluate success were developed. In particular, Raz argues that in this environment - which was significantly different from the American equivalent in its attitude toward experimental procedure, surgery, and clinical practices - Freeman learned to appreciate the role that clinical studies could

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<sup>50</sup> Ibid., 32.

play. He also developed his assessment of risks: potential harm to the patient was mitigated by the possibility that things could also go very well.

When Freeman arrived in France, the majority of his experiences had been in laboratories. Up to this point, he had only worked in research settings throughout medical school. In France, on the other hand, there was very little opportunity to use his laboratory skills and instead he had to learn the importance of clinical work. He discovered that experimentation could occur in the clinic as well as the lab and conclusions drawn from such experiments could be fruitful and important.<sup>51</sup> Of course, one thing that goes along with experimentation is an acceptance of risky practices; one example is the cisterna magna puncture.

The cisterna magna puncture is a technique for collecting spinal fluid. The procedure was prevalent in France, but not done in America because the entrance site was close to the brain, and because a slower but safer method was available with a lumbar puncture. In a letter Freeman wrote home, he specifically cited the minimal preparations and precautions taken before the puncture.<sup>52</sup> The cisterna magna puncture demonstrates the shift of emphasis in Freeman's thinking from processes to results. For him, it was less important how the procedure was performed and more important what the end result would be. In addition, he also noted that neurologists in France were successfully doing procedures involving the central nervous system without the oversight of neurosurgeons.<sup>53</sup> Later in his career, this observation would provide the basis for his proposal that neurologists

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<sup>51</sup> Raz, *The Lobotomy Letters: The Making of American Psychosurgery*, 17.

<sup>52</sup> *Ibid.*, 13.

<sup>53</sup> *Ibid.*



could perform transorbital lobotomies without the oversight of surgeons.

Also in France, Freeman witnessed a certain deeply engrained distrust which neurologists extended toward surgeons. Because of this distrust, patients were sometimes not referred to surgeons in time for them to do anything useful - such as remove a brain tumor. This resulted in high mortality rates. Raz explains how this experience motivated Freeman to be more trusting of surgeons.<sup>54</sup> Freeman also noted that surgeries would fail because of the obstinacy of hospital administrators who hesitated to implement new methods.<sup>55</sup> Seeing patients that could have been saved die simply because their surgery was delayed acted as a kind of negative stimulus. It spurred Freeman to endorse pro-active therapies over waiting. According to Raz, Freeman became a “therapy activist.”<sup>56</sup> Attempting treatment was the number one priority, regardless of consequences. Anything was better than doing nothing or, as Raz puts it, Freeman had an “urge to aid the patient, despite perhaps a lack of evidence or scientific basis.”<sup>57</sup> This mindset is exactly what drew him to a procedure like the lobotomy.

El-Hai agrees with Raz and provides even more evidence to account for this emerging “maverick” attitude. After returning to America, Freeman worked at St. Elizabeth’s, a psychiatric hospital in Washington D.C. from 1924-1933. Here he witnessed a waste of human potential. Raz explains how Freeman believed that there was “a terrible squandering [of human capability and] that there must be something, however untried and yet unthought of, that he could do as a neurologist

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<sup>54</sup> Ibid.

<sup>55</sup> Ibid., 14.

<sup>56</sup> Ibid., 23.

<sup>57</sup> Ibid., 17.

to help halt it.”<sup>58</sup> The picture of Freeman that these writers produce is not the evil doctor that appears in popular mythology. He was egotistical and perhaps impetuous, but he also had positive motivations for what he did.

### The Missing Media

Without making any apologies for the procedure, the medical community, or the man who introduced the lobotomy to the United States, the literature on Walter Freeman goes a long way toward explaining how and why this surgery became an acceptable practice. Much hinges on understanding the social and professional context of the time.

There is one aspect of the lobotomy’s rise to respectability, however, that is mentioned frequently in these books but not given the attention it deserves. That is the role that popular media outlets of the time played in the popularization of the procedure. El-Hai does the best job of providing some background. He describes how, at one point in his long career, Freeman’s grandfather investigated the unpopular idea of vivisection. In an effort to generate public awareness and support, Keen sent letters to the editors of popular magazines. El-Hai notes that in his own career, Freeman followed his grandfather’s precedent, arguing that Freeman “...appreciated the power of the popular press to heighten the interest and receptivity of his audience.”<sup>59</sup> In the remaining sections of this thesis, I will show that Freeman did more than merely follow Dr. Keen’s precedent; he took his grandfather’s example to a much higher level of intensity and purposefulness. I will

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<sup>58</sup> Ibid., 71.

<sup>59</sup> El-Hai, *The Lobotomist*, 115.

provide evidence for the many ways in which Freeman actively courted, accommodated, and tacitly collaborated with the press. He influenced their accounts by actively integrating himself into the work of reporters as a contributor and editor. He constructed an image of what the procedure and its benefits were like, and then fed this image to large-circulation newspapers and magazines.

In the professional arena he adopted similar tactics. He modified the existing practice of using images, movies, and displays at medical conferences to make these materials accessible to more people. This meant developing a new rhetoric that would do the job of persuasion. For a while, it worked. But eventually Freeman lost control of the narrative he was trying to cultivate. The lobotomy lost all credibility and instead spiraled into the image we currently know, where it represents medical science run amok.

## Chapter 3: Interactions with the Press

In this chapter I will establish that Dr. Walter Freeman interacted with the press regularly. He courted reporters and tried to control the story they were telling (while also admitting that this was a difficult task). He involved himself in the world of newspapers and magazines to such a degree that by 1950 he was called up before a medical ethics committee to answer questions about his self-promotional activities.<sup>60</sup> Up until that point, however, he developed a distinct set of policies to guide his engagement with the press: simplify language, set up scenarios where he would be the one explaining the procedure, and in multiple cases, even act as an editor for reporters. All of this gave him significant influence over what was going to be published.

### Freeman Actively Courted the Press

Freeman's interaction with the press began before lobotomies were even a therapeutic option. He was much more involved with newspapers and magazines than his contemporaries, and these ties only grew stronger and more intertwined after he had pioneered the procedure in the United States.<sup>61</sup>

Several benefits flowed from Freeman's associations with the mass media. The first of these was that magazines and newspapers allowed for quicker turnaround from experiment and discovery to publication. Both the public at large and his professional colleagues could know about his progress, read success stories,

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<sup>60</sup> {Autobiography}

<sup>61</sup> El-Hai, *The Lobotomist*, 31.

and share in his new findings almost immediately. In an unpublished manuscript titled *Adventures in Lobotomy*, Freeman explains that “Herein the public press has one great advantage that is not possessed by the scientific periodicals, the ability to announce their discovery within a day or two after the time that it is presented at the scientific gathering.”<sup>62</sup> This not only allowed him to disseminate information about lobotomies quickly, it meant that the public at large and members of the medical community learned about developments simultaneously, bypassing all the safeguards of peer-review.

Freeman also appreciated the creativity that journalists could exercise when it came to captivating an audience.

[I] was quick to realize that [reporters] played a very definitive part in the development of a scientific subject by virtue of their ability to catch the imagination and enlist the sympathy of the public, to disseminate information in such a way that members of the profession are almost obliged to subscribe to the newspaper and periodicals...<sup>63</sup>

It’s worth noting that Freeman sees no problem in obliging his colleagues to learn about his work through newspapers and periodicals, *before* medical journals. He is also aware that benefits will flow to the media outlets, which can now claim this professional audience as well.

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<sup>62</sup> Walter Freeman, "Adventures in Lobotomy," (The George Washington University Gelman Library Special Collections). Box 8, Folder 14.

<sup>63</sup> Ibid.

## Freeman's Tactics for Interacting with the Press

None of this suggests that Freeman found the press easy to enlist in his cause, but he clearly respected the power it could wield in shaping perceptions.

Furthermore, the relationship could be mutually beneficial. Not only could print media advance the cause of the lobotomy as appealing therapy, the lobotomy could bring prestige to the sources which had brought the news to public's attention.

Again, in *Adventures in Lobotomy* Freeman frankly describes this dynamic.

No account of lobotomy would be complete without a discussion of the effect that newspapers and popular magazines had upon the development of the procedure. There is little doubt that without the enthusiasm and occasionally embarrassing efforts of interpreting our work to the reading public, there would have been a much slower tendency for lobotomy to develop along the lines that it has. It is a glamour subject...<sup>64</sup>

Dealing with the "occasionally embarrassing efforts" of journalists required some special effort on Freeman's part. One solution was to involve himself in the reporting process. Although not easy to control, there were still ways in which he could influence what a journalist knew and wrote about. One such tactic was to remove the veil of technical language and explain his procedure in plain English.

Part of what makes a reporter's job difficult (and why their efforts are sometimes "embarrassing") is the need to translate scientific reasoning into something engaging and comprehensible for a general reader. But it was not just the general audience that stood to gain. According to Freeman, "it cannot be denied that I and many other doctors have profited from our associations with member of the press by adopting simplified more direct expressions and avoiding language that was too

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<sup>64</sup> Ibid.

technical.”<sup>65</sup> Freeman “profited” from avoiding jargon by receiving better coverage. If reporters understood lobotomies, they would likely be more inclined to write about them.

Freeman’s second initiative to help journalists was simply a commitment to conscientiously engage with them. In his own words, “If reporters are to get these stories straight they should be given a chance to ask questions and to discuss loose points”<sup>66</sup>. Freeman encouraged a shared forum for doctors and reporters to talk; he was willing to assume the extra work it took to make sure reporters felt comfortable with the subject matter so they could report confidently and regularly on it. By making himself available to them and helping them understand the jargon, Freeman not only gained influence over how the procedure was framed, he also made the newspaper beholden to him in a way that was more likely to encourage a positive story.

The first case of a lobotomy being reported in the press bears out all these claims. The story appeared in 1936, after Freeman and Watts had performed the first six lobotomies in the United States and right before they were about to present the new technique to their colleagues at the Southern Medical Conference in Baltimore. Freeman proactively called the science reporter Tom Henry from the *Washington Evening Star*, and invited him into the operating room at The George Washington University Medical School to witness the seventh lobotomy firsthand. He also made time for the reporter to talk to the patient both before and after the

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<sup>65</sup> Ibid.

<sup>66</sup> Ibid.

procedure, as well as receive a full breakdown of the operation from Freeman himself.<sup>67</sup> He recounts the scene in his autobiography: Freeman called Tom Henry and said, “Tom would you like to see some history made?”<sup>68</sup> No journalist could turn down a lead like that. But Freeman not only lured Henry with an intriguing story, he promised his newspaper exclusive coverage of the topic.<sup>69</sup>

On November 20<sup>th</sup>, the day *before* he presented his paper on lobotomies to the Southern Medical Conference, an article appeared in the *Washington Evening Star* detailing the surgery and its successful outcome. “As was to be expected,” Freeman later recalled, “there was considerable journalistic interest.”<sup>70</sup> Although reporters cornered him for more information, Freeman stayed loyal to Mr. Henry and did not reveal any details about the surgery, thereby ensuring that the *Washington Evening Star* would continue to retain its scoop. Expectations were being established. Freeman demonstrated that he was sensitive to Mr. Henry’s interests. Mr. Henry, perhaps not surprisingly, published a glowing review describing the miraculous nature of the procedure. This was to be only the first in a series of cases where Freeman gave the press first access to his work, even before other doctors were informed of what he was doing.

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<sup>67</sup> Walter Freeman, “Autobiography in *Walter Freeman and James Watts Papers*, ed. The George Washington University (Gelman Library Special Collections). Box 9 Folder 1

<sup>68</sup> *Ibid.*

<sup>69</sup> Freeman, “Autobiography.” Freeman continues this story by describing how other news reporters, included a former classmate at Yale, called him asking for details which he refused to reveal.

<sup>70</sup> *Ibid.*



By modifying the language he used to describe his work to journalists, by making himself available to them for questions and discussion, and by selectively parceling out access to the story, Freeman influenced press coverage. But even these tactics are tame compared to the last boundary with the popular press that he allowed himself to cross: On more than one occasion, he acted as an editor to the reporters who covered his work. As mentioned earlier, the reporters' main difficulty was not only understanding what scientists were saying, but converting that information into an engaging story. As an expert on the procedure who was also willing to serve as an editor, Freeman could make sure the facts were accurate while letting the writers flex their creative muscles. He could also clarify the benefits of the procedure without spending much time on the negative side effects.

Freeman himself gives two examples of when he acted in such a role. The first returns to the 1936 story of Tom Henry. Freeman makes it clear in *Adventures in Lobotomy* that he helped Henry edit that first article so that the description of the lobotomy was accurate when it appeared in the newspaper.<sup>71</sup> The second instance refers to an article Waldemar Kaempffert wrote for the *Saturday Evening Post*. Freeman describes how, in 1950, "[Kaempffert] readily agreed to submit what he had written for our approval, and he modified his first draft considerably in response to our suggestions."<sup>72</sup> If Freeman was in fact editing articles for accuracy – and his comment about the article having been submitted for his approval would

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<sup>71</sup> Walter Freeman, "Adventures in Lobotomy." in *Walter Freeman and James Watts Papers*, ed. The George Washington University (Gelman Library Special Collections). Box 8, Folder 14.

<sup>72</sup> Ibid.

suggest this - then it is reasonable to assume that this would influence the tone the reporter was using. A writer would be more inhibited about submitting something to Freeman that called the procedure into question, especially since Freeman was doing the writer a favor.

In November of 1942, Freeman received a memo from Arthur Northwood in the *TIME* magazine office of Special Services, which confirms just how close and potentially inappropriate this relationship had become. The memo reads:

The gist of this article from next Monday's *TIME* is probably no news to you. But I think you would like to see how *TIME* is presenting it to its one million reader families. Naturally I will be glad to pass along to the editors any comments you care to make.<sup>73</sup>

Although Northwood does not say that the editors would do anything if Freeman provided feedback, he does seem to indicate that there was precedent for the doctor to make comments on this sort of article. Compared to the modern standards of journalistic due diligence, the memo suggests a suspicious amount of collegiality and even a certain amount of deference toward Freeman on the part of the press.

All this evidence suggests that Freeman's efforts to facilitate interaction between himself and the press were effective. He used newspapers to appeal to both the general public and the medical community. He knew that it would not be easy to control the narrative that journalists constructed, so he actively inserted himself into their workflow. He acted as their translator, their advisor, and their editor.

There is not enough evidence to suggest that he definitively altered or pressured

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<sup>73</sup> Arthur Northwood Jr, "Memo to Walter Freeman," in *Walter Freeman and James Watts Papers*, ed. The George Washington University (Gelman Library Special Collections). Box 20, Folder 2.

reporters to maintain the positive tone that prevailed in media coverage from 1936-1947, but there is enough evidence to suggest that the possibility cannot be ruled out.

## Chapter 4: Evaluating Freeman's Influence with the Press

In the last chapter I established that Freeman not only valued journalists' work but also actively crossed boundaries into their domain. In this chapter I will evaluate the influence and effect he had on their work. There are two aspects to consider: First, the account that newspapers and magazines constructed of what the lobotomy procedure itself was like, and second, the benefits of a lobotomy that those press outlets identified. In both cases, I will present Freeman's narrative, and then show how the media reflected Freeman's account to their readers.

### Constructing a Verbal Account to Describe the Lobotomy

Freeman's tone when talking about the lobotomy was cheery and lighthearted. He made it sound like a minimally invasive cure-all for mental illness. In an unmarked and undated newspaper clipping found in the Freeman/Watts Papers at the Gelman Library in Washington DC, Freeman is quoted as saying, "[Lobotomies are] only a little more dangerous than operating to remove an infected tooth."<sup>74</sup> His general approach towards the procedure reflects this blithe attitude. He often did not use antiseptic precautions - the tear duct (which was the point of entry into the skull for a transorbital lobotomy) is sterile, and so the risk of infection was low. Nevertheless, it was daring for a surgeon operating on the brain to disregard

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<sup>74</sup> Unmarked, undated newspaper clipping at The George Washington University Gelman Library's Special Collections Walter Freeman and James Watt's papers. Box 20 Folder 2.

the standard safety measures.<sup>75</sup> So that patients could walk out of the room immediately after the procedure, he did not use anesthesia.<sup>76</sup> He wanted the lobotomy to be treated as an outpatient procedure, one that any neurologist with a private practice could perform in his or her office.<sup>77</sup>

Comparing the lobotomy to a tooth extraction is an excellent example of Freeman's first policy with regard to the press: convert scientific jargon and medical technicality into simple language. The newspaper which broadcast his homespun imagery to the general public was creating a set of perception based on analogy. Once you get a sore tooth removed, the operation is complete and the cause of discomfort is gone. By implication, once a patient gets a lobotomy, their mental illness will also be definitively removed. His analogy suggests that just like the rotten tooth, the diseased portion of the brain can simply be taken out so as to never bother the patient again. If Freeman's advocacy of simplified language made things more understandable for non-specialists, it also created room for major distortion, *mis*-understanding, and *over*-simplification of everything from mental illness, to brain anatomy to what the lobotomy itself was like.

Freeman's influence on the media is apparent in the way newspapers and magazines repeated the rhetoric that he propagated. He portrayed the lobotomy as quick and easy and newspapers followed his lead in their accounts of the procedure. Freeman also drew attention to the painless feature of the operation by highlighting

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<sup>76</sup> El-Hai, *The Lobotomist*, 185.

<sup>77</sup> Ibid.

the absence of antiseptic precautions and anesthesia. News accounts followed suit. A 1940 *Saturday Evening Post* article reports that "During this amazing and painless operation, patients see stars, smell move, talk – and dream."<sup>78</sup> A 1947 article promotes the same idea, "... the brain operation ... severs nerves painlessly to cure many types of insanity."<sup>79</sup> The only allusion to any complexity in the operation is slight: it is repeatedly described as "...brief but extremely delicate."<sup>80</sup> Even this concession to "delicacy" serves to validate the skill of the surgeon rather than the difficulty of the procedure. Other news stories emphasize how, "...with deft cuts here and there [a path is cleared] to restore man to usefulness."<sup>81</sup>

A fascinating phrase that cannot be directly attributed to Freeman but which definitely echoes the outlook he wished to instill describes the operation as "cutting out worry." This expression is used to describe the effect of the lobotomy in many newspapers and magazines; it became a virtual tag line.<sup>82</sup> A 1947 *Newsweek* article even begins to compose variations on the theme by changing it to "Cutting Out Cares." Like the earlier allusion to pulling a rotten tooth, the phrase "cutting out

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<sup>78</sup> "Now They're Exploring the Brain, *Saturday Evening Post*," in *Walter Freeman and James Watts Papers*, ed. The George Washington University (Gelman Library Special Collections). Box 20, Folder 2.

<sup>79</sup> "Miracles of Brain Surgery, *American Weekly*," in *Walter Freeman and James Watts Papers*, ed. The George Washington University (Gelman Library Special Collections). Box 20, Folder 2.

<sup>80</sup> "Psychosurgery, *Life Magazine*," in *Walter Freeman and James Watts Papers*, ed. The George Washington University (Gelman Library Special Collections). Box 20, Folder 2.

<sup>81</sup> Tom Revelle, "Physicians Meet Here," *ibid.* Clipping damaged: Name of newspaper had been ripped off.

<sup>82</sup> "Cutting out Care, *Newsweek*," *ibid.*

worry” imagines mental illness as not only somatic, but containable and extractable, like cutting out a tumor.

### Constructing a Verbal Account of the Lobotomy’s Benefits

In an article in the *Salt Lake Tribune* of 1951, Freeman is quoted as saying that “Equanimity, poise and acceptance of the inevitable can be accomplished by frontal lobe surgery in a way that nothing else can touch. These people can be spared a lot of suffering and be kept cheerful and active, whereas otherwise they would be depressed and dull under the effect of opiates.”<sup>83</sup> Freeman was very concerned with the benefits the lobotomy could produce. This was a theme he documented a great deal and which the press subsequently reported with equal frequency.

For Walter Freeman, the prime signifier of a successful procedure was the patient’s ability to return to work. In his unpublished autobiography he says, “When I visit the large state hospitals and see hundreds of idle patients, I am appalled at the waste of manpower and womanpower, and long to do something about it.”<sup>84</sup> What he is hoping to help this idle “manpower and womanpower” regain is the ability to work. By way of describing the “success” of his lobotomy in a letter to Freeman, one patient says that “The past three years my main employment has been with Victor Products here where we help assemble air conditioners and freezers. This is a nice

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<sup>83</sup> “No Title, *Salt Lake Tribune*,” in *Walter Freeman and James Watts Papers*, ed. The George Washington University (Gelman Library Special Collections). Box 20, Folder 2.

<sup>84</sup> Walter Freeman, “Autobiography,” *ibid.*, ed. The George Washington University, Chapter 14. Box 9, Folder 1.

place to work..."<sup>85</sup> The letter writer's main complaint is that the company is not providing him with enough hours. Repeatedly throughout *Adventures in Lobotomy*, his autobiography, and letters between himself and his patients, newly employable patients are treated like veritable ambassadors for the operation.<sup>86</sup> Regarding another case history, Freeman reports: "He worried because he couldn't find a job and couldn't find a job because he worried so much. Lobotomy broke through this vicious circle and he found both a job and peace of mind."<sup>87</sup> Seven years later, Freeman is pleased to note that the same patient is now "doing professional work for the government."<sup>88</sup>

Other examples are scattered throughout his co-authored book *Psychosurgery in the Treatment of Mental Disorders and Intractable Pain*. Here, however, they take a very particular form: portrait-like photographs of patients framed in "before and after" pairings. Although the photos themselves are fascinating visual documents, my emphasis at this point will be on the captions, which strongly affect how the photos are meant to be seen and interpreted. As was described in the Introduction to this thesis, Dr. Freeman obsessively followed-up on his patients. These photos are one way he tracked their progress. He took advantage of every opportunity to photograph them before the operation and continued to do

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<sup>85</sup> Lewis L Bowers Jr, "Letter to Walter Freeman," *ibid.*, ed. The George Washington University. Box 1, Folder 8.

<sup>86</sup> Walter Freeman, "Autobiography," *ibid.*, ed. The George Washington University.

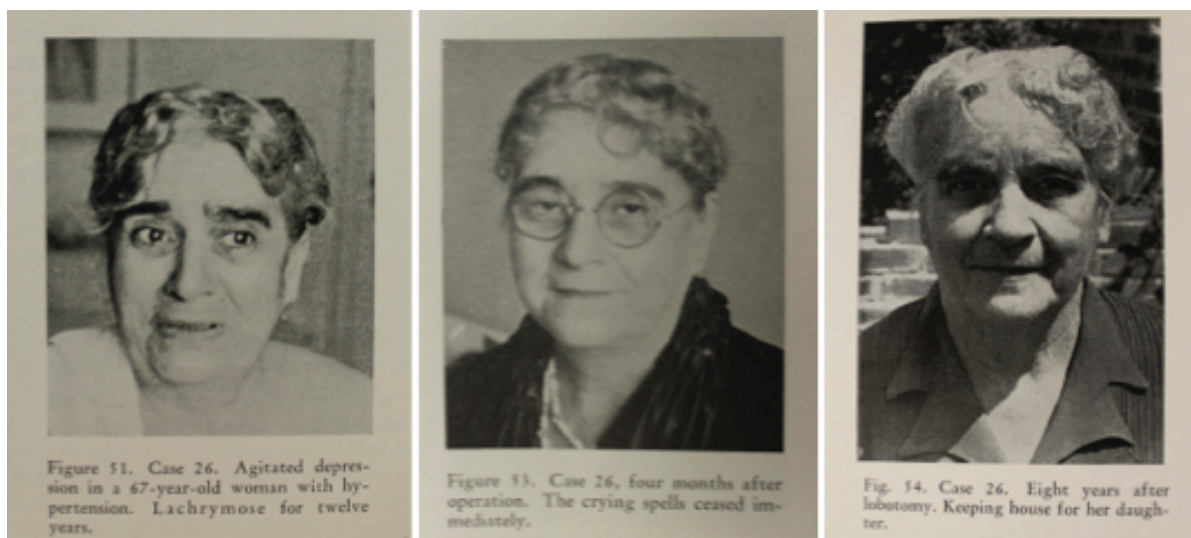
<sup>87</sup> "Adventures in Lobotomy," in *Walter Freeman and James Watts Papers*, ed. The George Washington University (Gelman Library Special Collections). Box 8, Folder 14.

<sup>88</sup> *Ibid.*



so for years after the procedure. He also followed up with them in writing; in almost every letter the patient's employment history is mentioned.

The photos that are showcased in the book do seem to show a definite change in the patients. Figure 2 shows one such series of photographs from the book. The first image is a 67-year-old woman who appears to be on the edge of tears. The middle image shows her four months after the surgery, wearing her glasses, her hair done. She looks calm and collected and there is a hint of a smile on her lips. Eight years later in the final image, she looks put-together and in control. Freeman's caption notes this progress, then pointedly concludes with the observation that she is now "Keeping house for her daughter."



**Figure 2: A series of Images from *Psychosurgery in the Treatment of Mental Disorders and Intractable Pain* that depict a patient's return to normalcy<sup>89</sup>**

<sup>89</sup> James Watts Walter Freeman, *Psychosurgery in the Treatment of Mental Disorders and Intractable Pain* (Springfield, IL: Charles C. Thomas Publisher), 162.

Freeman documents a fair number of stories like that one where recovery is linked to productive work, but he also includes cases where the patient relapsed, underwent a second lobotomy, and improved again. The first image in Figure 3 shows the patient before the procedure; he is desperate and quoted as saying “God, I’m getting ready to blow up”. The second image in Figure 3 shows him just two months after the procedure; he is smiling and the caption reports that after two years of disability he has returned to work. The third photo in Figure 3 was taken a year later. The young man has relapsed; he looks dejected and claims that he cannot go on. The final image in Figure 3 shows the results of a second, more radical lobotomy, which involved cutting more of the connecting fibers in his brain. Success is now succinctly summarized as “Employed and going to night school.”



Figure 29. Case 128. May 6, 1942, before lobotomy. "God, I'm getting ready to blow up."



Figure 31. Case 128. After two years' disability he was at work within two months after lobotomy. June 21, 1942.



Figure 32. Case 128. August 19, 1943. Relapsed. Felt he could not go on.



Figure 34. Case 128. September, 1946. Employed and going to night school.

**Figure 3: Top row, left to right: pre-operative patient; post-operative patient.**

**Second row, left to right: relapsed patient; patient after the second lobotomy..<sup>90</sup>**

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<sup>90</sup> Ibid., 86-88.

As a basis for judging whether a psychiatric therapy is successful or not, employability is very limited. There are so many other dimensions of mental health that it does not account for: Is the patient emotionally fulfilled? Can he or she engage in social relationships? Can the patient live independently? What is the patient's perception of him or herself? But again, as was the case in constructing an image of what performing the actual procedure was like, Freeman's policy toward the press was to not explore or even acknowledge such complexities, but to keep the language and the concepts simple. Employability was simple. It could be easily ascertained and tracked. In letters to the doctor reporting back on the status of former patients, family members would sometimes simply send Freeman a list of jobs the patient had held since the surgery.

Employment also represented a common good that was easily understood and valued by the general audience that Freeman meant to address through newspapers and magazines. The press observed this value system too, and their coverage of Freeman's work reinforced it: they never asked about other consequences of the surgery such as negative side effects, personality changes, or issues of consent. Instead, articles made simple claims like this one in *TIME*: "[Doctors report] that patients, after lobotomy, have done well as college students, math teachers, businessmen."<sup>91</sup> They emphasize the patient's ability to become a productive member of society.

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<sup>91</sup> "Kill or Cure, *Time*," in *Walter Freeman and James Watts Papers*, ed. The George Washington University (Gelman Library Special Collections). Box 20, Folder 2.

If employability was Freeman's main metric of success, for the press it was essentially the *only* metric of success. When another reporter says that during a lobotomy, "the incision must leave enough of the frontal lobe to enable [the patient] to adjust satisfactorily to domestic requirements and business responsibility,"<sup>92</sup> he seems to be doing more than just describing the surgery, but also affirming a general middle-class work ethic. Both Freeman and the press shared this value system. Addressing those shared values mutually reinforced the interests of both: finding a way to declare his therapy successful for Freeman; accommodating the sensibility of a specific readership for the newspapers.

### The Bigger Context: Social Control

Part of the contemporary mythology regarding lobotomies is that they were a sinister form of mind control, that they were used recklessly in prisons, for example, to control rebellious inmates. In her book *Cinema's Sinister Psychiatrists: From Caligari to Hannibal* (2012), Sharon Packer shows how the lobotomy became an emblem of evil social regulation in postwar cinema. She describes post-surgery patients in these movies as "metaphors for puppets of political oppression."<sup>93</sup> My research suggests that Freeman fully accepted the element of social control in his work, but not in a menacing way; his goal was not to neutralize patients, but to normalize patients. That fact gave him purpose and confidence in the procedure.

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<sup>92</sup> "Cutting out Care, *Newsweek*." in *Walter Freeman and James Watts Papers*, ed. The George Washington University (Gelman Library Special Collections). Box 20, Folder 2.

<sup>93</sup> Sharon Packer, *Cinema's Sinister Psychiatrists: From Caligari to Hannibal* (McFarland), 134.

Any control which he exerted was in the interest of making his patients socially acceptable, mainly as measured by the ability to hold down a job. Freeman wanted to get them to an employable state, where they were well-groomed and could assimilate back into society.

If post-lobotomy patients resemble puppets, then, they are not puppets of political oppression, but representatives of middle-class morals. To return to the comparison of psychotherapy and psychosurgery psychotherapy is rooted in drama, experienced as emotional distress. Freeman's "before and after" photographs show his psychosurgery transforming patients from a just such a state of emotional distress to one of calm, contentment, and most importantly, no drama. To be conventional was the goal, but with one added benefit: it made the therapy more popular. By normalizing people, Freeman also normalized the procedure.



## Chapter 5: Visual Culture in the Early to Mid 20<sup>th</sup> Century

Photography was instrumental in creating the perception of the lobotomy for both the professional community and the general public. As an avid and experienced photographer himself, Freeman was especially sensitive to this fact. Although he did not take the pictures of the operations that were widely circulated in many newspaper and magazine articles, he assisted in their creation. In many cases, he not only allowed, but actively invited photographers to see the procedure. But in order to understand the effect these images had, it is necessary to contextualize them within the larger visual culture of the early to mid 20<sup>th</sup> century. Specific conditions within this culture made the photographs particularly meaningful.

### The Authority and Allure of the Forbidden

At first glance the pictures that were printed alongside the newspaper stories seem to oppose the adjectives used by journalists to describe the operation. The language presents a precise and delicate operation while the images show an invasive and involved procedure. Where the kind of plainspoken language that Freeman encouraged eased a reader's anxiety, the images appeal to something else: the allure of seeing something forbidden, either because it is generally invisible (hidden within the body), or because it is rare, specialized, and extraordinary. The allure of such images has a powerful magnetic effect; it draws the audience in to a scene which is equal parts fascinating, awe inspiring, and fearsome.

In her book *Screening the Body* (1995), Lisa Cartwright discusses the visual culture of medical imagery. One part of that culture is based in the fact that "The



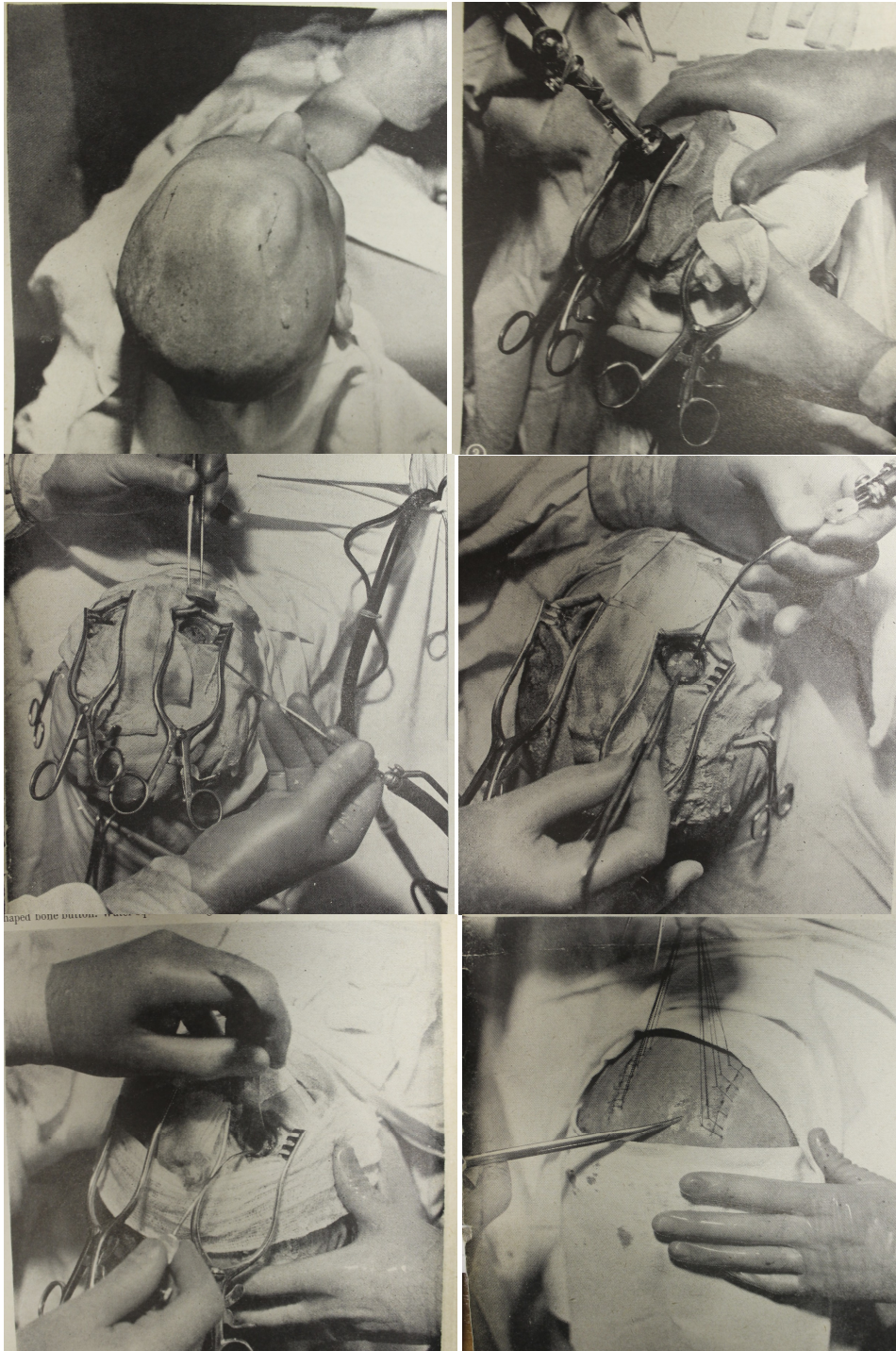
graphic images... of physiology easily crossed over to the genre of popular visual spectacle.”<sup>94</sup> Cartwright gives the example of Topsy, an elephant on Coney Island. In 1903, after she had killed 3 men, authorities decided the animal was too dangerous to keep as an attraction and designed an apparatus for her electrocution. Thousands of people were present at her execution and the Edison Manufacturing Company was even commissioned to film it. The story of Topsy’s death, its spectacular implementation, and audiences’ fascination with the film demonstrate the allure of sensational scenarios involving living bodies.

The photographs in Figures 4-6 illustrate another such scenario – this one even more compelling because the body is human. People did not avoid such images from the operating room, they wanted to see more. This was part of a more specific historical trend which Cartwright identifies as “the widespread popular interest in the power of technology to regulate and discipline bodies.”<sup>95</sup> The lobotomy was doing just that: it was using new technology and information about the human brain to help regulate and discipline the mind of a patient that had become unruly.

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<sup>94</sup> Lisa Cartwright, *Screening the Body : Tracing Medicine's Visual Culture* (Minneapolis: University of Minnesota Press), 22.

<sup>95</sup> *Ibid.*, 18.



**Figure 4: Steps of the prefrontal lobotomy as depicted in *Life Magazine* (1947)**<sup>96</sup>

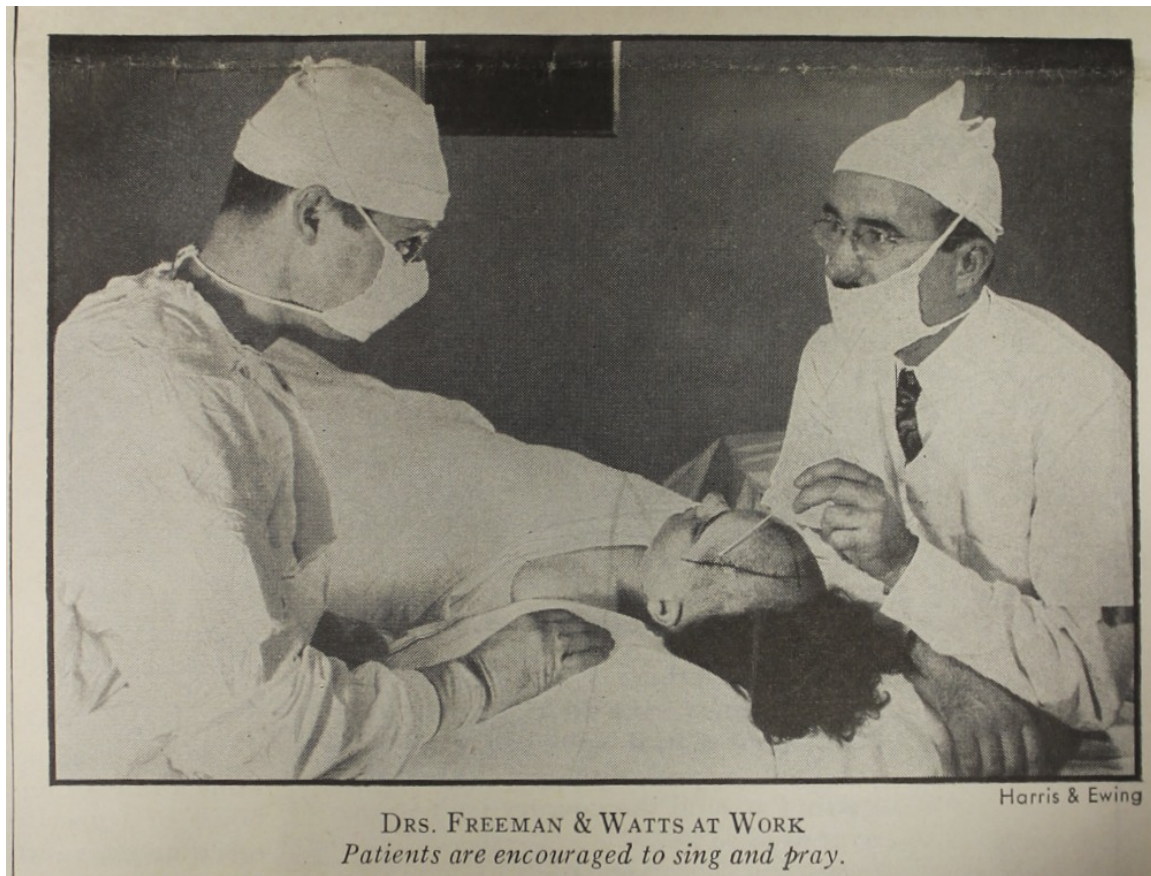
<sup>96</sup> "Psychosurgery, *Life Magazine*." in *Walter Freeman and James Watts Papers*, ed. The George Washington University (Gelman Library Special Collections). Box 20, Folder 2.

The images in Figure 4 were printed in *Life Magazine's* article "Psychosurgery" and are accompanied by the captions: "1. Incisions are made. 2. Openings are cut. 3. Buttons [of skull] are lifted. 4. Brain is exposed 5. Lobes are cut. 6. Scalp is sewed up." These images are photographs of science in progress. They draw the reader into the mysterious world of brain surgery. If their graphic nature is also repellent, that is an attribute of their power and authority, and, by extension the power and authority of the surgeon who is the master of this frightening domain.

Cartwright has shown that images of this type, particularly those that dealt with anatomy and physiology, engaged the public during the early-to-mid 20th century.<sup>97</sup> By making highly specialized disciplines visible, they opened a window onto worlds that were not completely understood by the public. But being able to see science, even if one could not completely understand it, allowed people to engage with the subject nonetheless. In the process, such images garnered respect for the scientists who *did* understand these worlds and could harness their power to help people. Freeman was practicing from about 1920-1970, which is squarely during the period Cartwright describes.

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<sup>97</sup> Lisa Cartwright, *Screening the Body : Tracing Medicine's Visual Culture*, 22.



**Figure 5: Doctor Freeman and Doctor Watts in the operating theatre.<sup>98</sup>**

Figure 5 shows Doctor Freeman and Doctor Watts performing a prefrontal lobotomy. Both men exude confidence and ease. The two are having a calm conversation before performing this complicated procedure. One could never guess what the two of them are saying, but that only accentuates how specialized their knowledge is, while at the same time showing the face of the men who actually know the science. The patient could not possibly look more vulnerable, but the tone of the picture says she is in good hands. Even Freeman's casual attitude toward

<sup>98</sup> "Psychosurgery, *Time*." in *Walter Freeman and James Watts Papers*, ed. The George Washington University (Gelman Library Special Collections). Box 20, Folder 2.



standard antiseptic practice (his nose is uncovered) suggests that he is a man who makes the rules, not one who has to slavishly follow them.



**Figure 6: Freeman performing a transorbital lobotomy.**<sup>99</sup>

Figure 6 is another example of the kind of graphic medical image that Cartwright contextualizes. From a contemporary perspective, this image seems terrifying. But if viewed in the right historical context and complemented by the

<sup>99</sup> This image was reproduced from a photographic print found The George Washington University's Gelman Library. It was noted to have been taken in 1950. It can be found in Box 21, Folder 11.

right language, the terror becomes awe. This doctor knows just what to do to rid the patient of mental illness. He can deftly and painlessly restore a hopeless individual to sanity. He is surrounded by acolytes who look on intently, and in so doing, elevate his status even more. In fact, that he would even allow his photo to be taken at such a critical moment speaks to his confidence and charisma.

### The Convergence of Scientific Culture and Mass Media

The simple and direct language which Freeman favored as a way of demystifying medical practice for the general public also had a pictorial equivalent. This pictorial equivalent was part of the larger visual culture of the time period and played a role in contextualizing the image of the lobotomy. Once again, Freeman was in synch with these circumstances. In her book *Real Fantasies* (1997), Patricia Johnston locates this pictorial condition in the advertising design of the time, a position from which it could exert much influence.

According to Johnston, there is a visual tradition rooted in the “class needs of the bourgeoisie and the established Protestant tradition of plain speech”<sup>100</sup> that was apparent in advertisements between the World Wars. Advertisers wanted their ads to come across as unadorned, bare, factual, and the images they chose to use emphasized these conditions. This appeal to literalness was intended to gain the consumer’s trust. Advertisements were meant to appear realistic and approachable. The more plain and life-like a photograph was, the more it represented what

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<sup>100</sup> Patricia A Johnston, *Real Fantasies: Edward Steichen's Advertising Photography* (Berkeley, CA: University of California Press), 85.

Johnston calls, “clear and unadorned perception embodied in the positivist ideal of scientific observation.”<sup>101</sup>

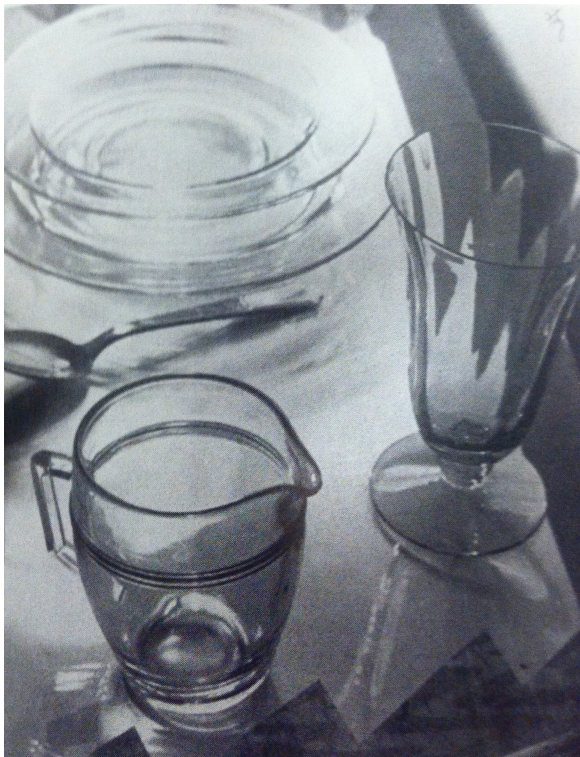
It is important to clarify that Freeman was not mimicking advertisements. However, the type of imagery that advertisements used, and the photos which either featured him or that he used to illustrate his books, converged stylistically. The rhetoric of the two lined up, and this affected the way the image of the lobotomy was perceived. Freeman benefited from the sense of trust which an unadorned style now signified.

Figure 7 offers an example. Johnston shows that photography between the World Wars was transitioning from the Pictorialist style of earlier years towards a new kind of Modernist realism.<sup>102</sup>

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<sup>101</sup> Ibid.

<sup>102</sup> Ibid., 55.



**Figure 7: Advertisements for glassware from 1922 and 1927 respectively compares the Pictorialist style (top) to the realist style (bottom)<sup>103</sup>**

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<sup>103</sup> Ibid., 81. *ibid.*, 83.

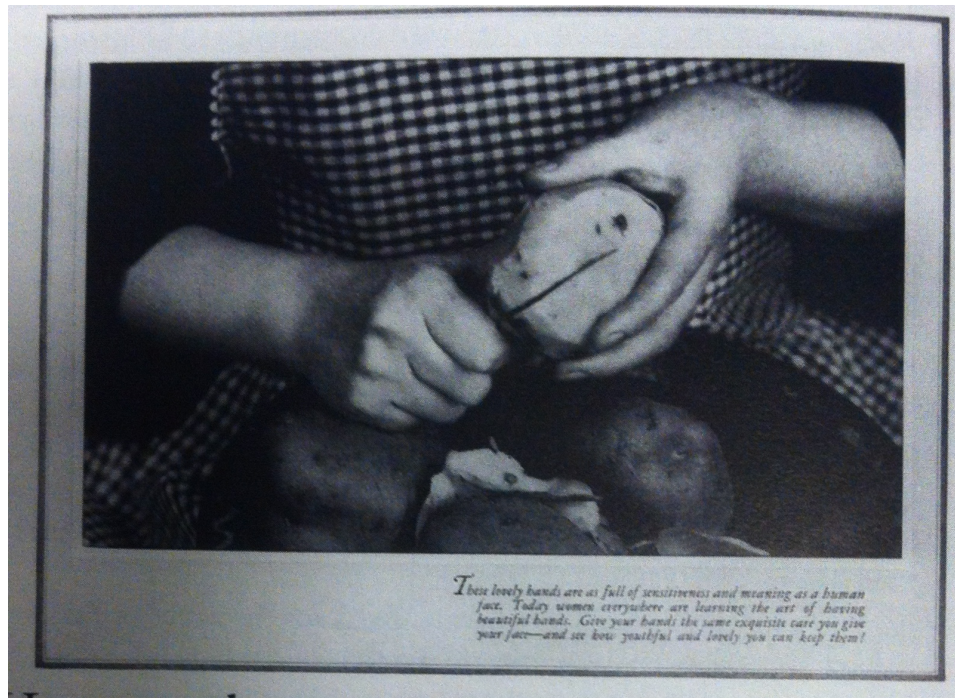


Instead of attempting to make photos look like watercolor paintings, the focus in this Modernist form of realism was re-sharpened. The setting goes from a still-life setup with platter and flowers to a close-up shot where the objects fill the entire frame. The novelty of this shift constituted its modernity, and the modernity constituted part of its beauty.

Figure 8 shows another aspect of these virtues. The advertisement is for Jergen's lotion and contains strong coding by social class. Whereas formerly such an image would have shown an elegant lady doing something leisurely, like arranging flowers while wearing fine jewelry, the Modernist advertisement depicts a much more average woman's hands hard at work. The advertisement no longer appeals to what a housewife might aspire to – luxury and upward mobility - but instead speaks to the practical facts of the consumer's life. Stylistically, the photograph repeats these values: it is focused in a no-nonsense way on what is actual and important. By modeling themselves upon the "positivist ideal of scientific observation," advertisements like this changed the standards by which real documents of scientific observation, like those in Figures 4-6, were understood.<sup>104</sup>

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<sup>104</sup> Ibid., 85.



**Figure 8: 1923 Advertisement for Jergens lotion showcases the Modernist emphasis on unfiltered observation.<sup>105</sup>**

Another convention that was adopted by advertisers of the mid-20<sup>th</sup> century is the “before and after” format. Figure 9 provides one example: the skinny stick figure in the box turns into the muscular, athletic man after just weeks of Charles Atlas’s workout routine. Freeman will later employ this same format, but with photographs that document real people, which makes the idea of transformation much more powerful.

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<sup>105</sup> Ibid., 57.



Figure 9: Charles Atlas “before and after” diagram, 1942.<sup>106</sup>

In the next section I will analyze some of these documentary photographs of patients that Walter Freeman took himself. Given the standards that advertising created, and given the fact that Freeman’s photographs were closely linked to those advertisements stylistically, his images transmitted a quality of trustworthiness, modernity, and middle-class solidity that helped promote the lobotomy as a modern, effective, and reliable therapy.

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<sup>106</sup> "Are You Satisfied with Your Body?," in *Charles Atlas Classic Ads*.

## Chapter 6: How Freeman Operated Within His Visual Culture

Freeman benefited from the visual culture of his time. Just as the pictures in advertisements were starting to mimic a documentary and scientific aesthetic, Freeman provided images of this type for the public's consumption. His visualization of the lobotomy conformed to the type of image the public found engaging. But he went farther. He used imagery to create other spectacles that could promote the procedure. For example, Freeman visually dramatized his identity in ways that spoke to both the public and professional sides of his life. In the public sphere he looked confident and charismatic, while in the medical sphere he looked original and like a maverick. He made movies to promote his ideas, and he would just as soon produce a flashy display for a medical conference as publish a paper in a medical journal.

### Freeman's Role as Performer

Freeman's sense of theatricality started at The George Washington University Medical School. He took pride in being recognized by his beard, broad brimmed hat, and walking stick. Jack El-Hai describes how "Freeman, in fact, had evolved into one of the most colorful and popular instructors on the GWU campus. In the gloomy and tight days of the Great Depression, Freeman's lectures sometimes substituted for entertainment."<sup>107</sup> One stunt involved using two hands at the same time to draw a coronal section of the brain on the chalkboard.<sup>108</sup> According to El-

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<sup>107</sup> El-Hai, *The Lobotomist*, 92.

<sup>108</sup> {El-Hai @92}

Hai, Freeman would often light things on fire to keep students engaged and alert.<sup>109</sup> Freeman himself reports teaching his class at GWU the procedure for the cisterna magna puncture and concluding with the phrase, “awfully simple if it goes right – simply awful if it doesn’t.”<sup>110</sup> In a later article on his teaching methods he emphasized the necessity of “showmanship” in medical education.<sup>111</sup>

He would also bring patients into the classroom to demonstrate the symptoms of mental disorders and take students on field trips to asylums.<sup>112</sup> He realized that the patients he was working with would be memorable and make an impression. More generally, he knew that neurology offered a lot of opportunities for showmanship, so he capitalized on them. Later, he would see the same opportunity in the administration of lobotomies, and there too, he was not afraid to take advantage of their dramatic nature. He recounts how, “I demonstrated transorbital lobotomy in New York, Bristol (England), Lisbon, Paris and Freiburg, Germany during 1948. There was a certain amount of horror and fascination. It reached a climax in New York when [a colleague] fainted....”<sup>113</sup>

In at least one case, the press picked up on his sense of theatre and amplified it. The tabloid paper *Suppressed* ran an article titled “Commies’ Secret for World

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<sup>109</sup> El-Hai, *The Lobotomist*, 92.

<sup>110</sup> Walter Freeman, “The Development of Neurology at Gwu, 1925-1954,” in *Walter Freeman and James Watts Papers*, ed. The George Washington University (Gelman Library Special Collections). Box 8, Folder 23.

<sup>111</sup> Raz, *The Lobotomy Letters: The Making of American Psychosurgery*, 22.

<sup>112</sup> El-Hai, *The Lobotomist*, 92.

<sup>113</sup> Freeman, “Autobiography.” in *Walter Freeman and James Watts Papers*, ed. The George Washington University (Gelman Library Special Collections). Box 9, Folder 1.

Domination.”<sup>114</sup> It explains in great detail what lobotomies are, the effects of the procedure, and ... how they are being used by the USSR to convert American soldiers into spies. The reporter breathlessly claims that “This could be the operation which turned twenty-one American boys into traitors, or more accurately, unsuspecting puppets unable to resist the diabolical commands of their masters.”<sup>115</sup> The article is illustrated with the image in Figure 6: Freeman poised above a patient, hammer raised and about to strike the leucotome, which is positioned squarely in the patient’s eye socket. Of course, a disreputable newspaper could misrepresent anyone, but one cannot help but wonder if Freeman’s general openness to theatricality hadn’t made him a more vulnerable candidate in a case like this.

### Freeman’s Use of Film

Instructional films were an accepted medical teaching tool, but Freeman was not averse to exploiting their entertainment and public relations value as well. He produced at least three short films that showcase the actual lobotomy surgery as it was being performed.<sup>116</sup> Freeman was solely responsible for these films as they were made outside of the university environment. He was so confident of their success that he underwrote all the expenses himself. The first two were filmed in “crude basements”<sup>117</sup> (Freeman’s own words), but the final one is particularly

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<sup>115</sup> “Commies’ Secret for World Domination, *Suppressed*,” in *Walter Freeman and James Watts Papers*, ed. The George Washington University (Gelman Library Special Collections), 2. *ibid.* Box 8, Folder 9.

<sup>116</sup> Walter Freeman, “Autobiography,” *ibid.*, ed. The George Washington University, Chapter 12. Box 9, Folder 1.

<sup>117</sup> *Ibid.*, Chapter 12.

emblematic: he transformed a photography studio into an operating room. He didn't bring cameras into the medical arena; he moved the medical arena into a photo studio. He literally took his "show" and moved it into the domain of spectacle.

He was not always successful in such endeavors. He says as much about one of the movies he produced which he described as "a monument of misguided enthusiasm."<sup>118</sup> In his autobiography he tells the story: The patient was deemed a good candidate for a transorbital lobotomy because she was an "intelligent obsessional." Everything was set up to go when the patient panicked. Instead of rescheduling, Freeman used electroshock therapy to render her unconscious. After the operation, the patient would not remove her sunglasses and replied with the same "snarling snappishness" to questions that she had displayed before the surgery. Freeman re-operated a few months later, but again there was no improvement. The patient ultimately overdosed on Phenobarbital.

That Freeman should consider this an example of "misguided enthusiasm" on his part is telling. The film could have been a good teaching tool - uncomfortable in some respects, but important. The fact that it was "never shown and never would be"<sup>119</sup> suggests that films like this were intended as public relations devices as much as scientific documentation or instructional tools. It may even suggest their public relations value trumped the other professional values.

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<sup>118</sup> Ibid.

<sup>119</sup> Ibid., Chapter 14.

This suggestion is supported by the fact that Freeman did not limit his audience to medical professionals. I screened one of Freeman's films in the Gelman Library Special Collections. At 13 minutes in length, it was very technical and very graphic. Yet Freeman is on record as having shown one such film to *high school* students. He describes the situation: "The operation was a bloody one, and when I showed the film in Bristol, England, to a group of high school students, five of them fainted and had to be dragged out."<sup>120</sup> Freeman appears to have enjoyed the fact that his films made for good stories as much as for good science.

### Eye-catching Displays at Medical Conferences

Freeman knew how to make things eye-catching, and he exercised these skills through the displays he created for medical conferences. It was standard to use such stratagems at these events, but Freeman went a step farther: he designed his displays to attract the media as much as his colleagues.

Early in his career, Freeman discovered the usefulness of a good booth at a medical conference. He later explains that with hundreds of people milling about it was a challenge to get anyone to pay attention to a young medical school graduate.<sup>121</sup> An eye-catching display meant that he could get other doctors to stop and pay attention to his research. Freeman says in his unpublished autobiography that "Exhibits are the best way of getting a subject across. While papers are more enduring, since they get published eventually, they lack the personal touch. I made

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<sup>120</sup> Ibid.

<sup>121</sup> Ibid., Chapter 12.



many more acquaintances and became much better known through exhibits than through papers.”<sup>122</sup>

The first documented example of this was a display Freeman created for an American Medical Association convention in 1931, before he was even aware of the lobotomy. It was composed almost entirely of photographs. He used them to explain his theory that tracking patients’ facial features with photographs could predict future mental disorders.<sup>123</sup> Once the images had captured the audience’s attention, Freeman could then go on to discuss his ideas. He describes how at an early conference his “...experience was limited, but the before-and-after transparencies were graphic, accompanied by large drawings, roentgenograms and specimens”<sup>124</sup> and this was enough to draw people in. In the same section of his autobiography he describes his most successful exhibit: “specimens of brain mounted on glass plates under eight-inch crystals sealed in with bitumen... They were accompanied by histories written on narrow sheets of paper that were mounted on rollers like window-shades to be pulled out by those interested.”<sup>125</sup> Film footage showing the neurological symptoms apparent in a patients’ walking, movement and reflexes was also on hand. The exhibit won a bronze medal.

The appeal of such displays, however, was specific. In chapter 4 of *Adventures in Lobotomy* Freeman describes an important advantage of getting to medical

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<sup>122</sup> Ibid.

<sup>123</sup> "Ill Men's Faces, Filmed, Unravel Brain Maladies, *New York Herald Tribune*," *ibid.*, ed. The George Washington University (1931). Box 20, Folder 2.

<sup>124</sup> "Autobiography," *ibid.*, ed. The George Washinton University, Chapter 12.

<sup>125</sup> *Ibid.* Box 9, Folder 1.

conferences early to set up his highly designed booths: they would attract reporters who would publish stories about his research before the conference even started, and thereby generate publicity. He explains, “I found the technique of getting noticed in the papers. It was to arrive a day or two ahead of the opening and install the exhibit in the most graphic manner and then be alert for prowling newsmen.”<sup>126</sup> He continues with a story of a conference in 1939: Freeman and Watts had arrived early to set up, and the chief of scientific exhibits was taking reporters around to showcase what he thought were going to be the most influential booths. This included the display next to theirs, but that scientist had not arrived. Meanwhile, “our exhibit, complete with a lobotomized monkey, was on view [already]...that night our monkey died but Watts and I made the headlines even though we did not get an award.”<sup>127</sup> Spectacle proved to be an effective tactic for attracting the attention of *both* colleagues and reporters. And presentation design was not exclusively, or even primarily, at the service of the informational content for Freeman. It was there to attract publicity.

### Freeman’s Use of Photographs

While Freeman’s tactics remained within the bounds of professional convention, he clearly kept an eye focused on how everything he did could communicate with and appeal to the public at large. This is true of his use of photography, and especially the “before and after” format which he liberally employed. That this same format appeared frequently in the commercial world of

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<sup>126</sup> Ibid.

<sup>127</sup> Ibid.

product advertising is telling. Freeman used it to construct visual narratives that give the lobotomy a pivotal role and place it in a positive light. The “before and after” format dramatizes how much the lobotomy could control and transform the disordered human being.

Many of these photos appear in Freeman and Watts’ textbook *Psychosurgery in the Treatment of Mental Disorders and Intractable Pain*. However, the intended audience for this book is difficult to identify. It was definitely well used by the medical community. There are reviews of it published in multiple journals in multiple languages. Charles C. Thomas sent Freeman and Watts clippings of the four reviews that appeared 90 days after publication of the second edition.<sup>128</sup> Two reviews - from the *Confinia Neurologica* and *The Bulletin of the Menniger Clinic* - are in English, one - from the *Rivista di Psicopatologia* - is in Italian, and one - from *Xentralorgan Fur Die Gesmate Chirurgie Und Ihr Grenzgebiete* - is in German. Throughout the reviews the tone is positive, emphasizing the improvement of this book over the previous edition and noting its much expanded scope (from 80 cases to 1,000). The review in the *Bulletin of the Menniger Clinic* is particularly flattering: “the clinical presentations are vividly portrayed without unnecessary coloration of the desirable and undesirable results.”<sup>129</sup>

But the general public also read the book. In a letter to Freeman and Watts, Thomas tells his clients that “The write-up was prominently displayed in a local

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<sup>128</sup> Charles C. Thomas, “Letter to Walter Freeman,” *ibid.*, ed. The George Washington University. Box 2, Folder 11.

<sup>129</sup> *Ibid.*

paper and I should think that this would be a common appearance in many papers in the larger cities of the country.”<sup>130</sup> He is referring to a review that had appeared in a daily newspaper in Springfield, Illinois –well outside the medical sphere. There was also a review in 1951 in the *United States Quarterly Book Review*. Freeman welcomed this kind of crossover appeal between general and specialized audiences, and part of what made it possible were the images he used in the book.



**Figure 10: The complete transformation of a patient.** <sup>131</sup>

In Figure 10 it is apparent just how dramatic these images could be. They show complete transformations, and the reader does not have to be a professional to understand what is going on or see the improvement. Images like this are almost

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<sup>130</sup> Ibid.

<sup>131</sup> Walter Freeman, *Psychosurgery in the Treatment of Mental Disorders and Intractable Pain*.

miniature movies that do more than show a patient's progress from illness to sanity, they condense it into one spectacular leap.

Such images also represent the cross-over Freeman created between the public sphere and the professional sphere by using a format – in this case the “before and after” coupling - that could speak to both. The same principle documented in Figure 10 of the medical textbook also provides the logic behind the Charles Atlas advertisement in Figure 9. Interestingly, both sets of pictures also share another feature in their attitude toward the body. As a neurologist, Freeman wanted to present mental illness as somatic disease and the lobotomy as a physical cure. Popular culture helped visualize this idea of the body as a malleable, re-formable entity.

As engaging as these images and stories may have been to the public at large, it is also important to consider how Freeman's medical colleagues viewed them. For the nonmedical public, photographs of patients in various stages of mental illness were a spectacle, but for medical professionals they were an accepted diagnostic tool. Photographs such as these - as well as pictures taken in asylums - were fully sanctioned medical evidence, as Lisa Cartwright explains in *Screening the Body*.<sup>132</sup> “Neurologists clearly were fascinated by images of the body out of control. Such images were analyzed in the relative privacy of the laboratory and clinic or in the context of the medical professional meetings.”<sup>133</sup> Cartwright offers the example of Jean-Martin Charcot, the director of the Salpêtrière asylum in Paris in the late 1800s,

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<sup>132</sup> Cartwright, *Screening the Body : Tracing Medicine's Visual Culture*.

<sup>133</sup> *Ibid.*, 48.

who employed two interns to create serial images that documented the behaviors of patients, particularly those with hysteria.

Such images were considered valid as diagnostic tools because the field of neurology was predicated on the theory that mental illness was somatic in nature. By this logic, if the disease was based in the physical body, its symptoms could be photographed. This was in contrast to the Freudian theory that mental illness is emotionally traumatic, or experience based. According to Cartwright, "Charcot is most often presented as the figure against whom Freud reacted in his construction of the new science of psychoanalysis..."<sup>134</sup> Charcot was a leader in neurology, Freud a leader in psychoanalysis. Charcot believed that the origins of mental illness were organic. Freud opposed this idea; for him, mental disease was an internal response to experiences.

During this period, neurology and psychiatry were generally lumped together. Each had to fight to define itself and its method of helping patients. By claiming photography as a concrete diagnostic tool, neurologists could gain ground in this competition for influence. Their deep-seated belief in organic pathology allowed clinical photographs to not only serve as documentation, but as evidence of mental illness (as well as improvement and recovery). They were a normal part of medical and scientific practice. Walter Freeman took advantage of this respectability that photographs commanded and, like other neurologists, put it to use.

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<sup>134</sup> Ibid., 47.

However, Freeman was doing more than using the images as evidence. He paired pictures of patients before and after the procedure. This was not a new technique and such pairings might seem natural, but by using that format, he gave the lobotomy a greater sense of importance; the procedure is treated as the pivot point that turns these people from the “before” into the “after.” The centrality of the lobotomy makes it an organizing force. It gives order to a disordered body; patients go from disheveled to well-groomed and from wearing rumpled clothes to being well-dressed.

Cartwright makes a point about still images and cinema as tools medicine used to control patients. She uncovers “a history of the cinematic techniques that science has used to control, discipline, and construct the human body as a technological network of dynamic systems and forces.”<sup>135</sup> The micro-narratives that Freeman creates with the before and after pictures are an example of this. His work was well received by medical colleagues because it was based in a narrative and medium they were familiar with. And it was well received by the public at large not only because they show improvement, but because they turn clinical improvement into spectacle, transformation, and dramatic display.

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<sup>135</sup> Ibid., 24

## Chapter 7: Conclusion - The Narrative Collapses

As I stated at the beginning of this thesis, medical science is haunted by the fact that between 1936 and 1978, over 40,000 lobotomies were performed in the United States. Historians acknowledge that the procedure's positive portrayal in newspapers and magazines was partly responsible. I hope to have expanded this understanding by examining Walter Freeman's relationship with the American press, as well as by exposing some of the specific channels of communication and influence in that relationship.

Freeman actively courted reporters and involved himself in their work. The rhetoric that he used was repeated in the rhetoric of the press. Freeman also benefited from a general convergence between medical culture and the popular culture that was developing in the period after World War I, but he went further by proactively building his own bridges between those two worlds, allowing for more crossover. He used his own personal qualities of theatricality plus the inherent drama of psychosurgery itself as captured in images to appeal to both audiences. The images which he allowed to circulate or which he took himself gave the lobotomy in particular an aura of gravity and wonder; it could heal the incurable in a few simple steps – simple, that is, for the trained and initiated practitioner.

In other ways it was popular print media that influenced Freeman. He mimicked the narrative modality of newspapers and magazines in both his teaching style and how he generally presented his work. He drew from journalism's sense of accessibility by being plainspoken, eliminating professional distance, and embracing



the role of spokesman. He and the press had a symbiotic relationship. As a result, the lobotomy benefited from good coverage for almost twenty years.

In "Portrayal of the Lobotomy in the Popular Press," authors Diefenbach et al. provide a statistical analysis of the quantitative and qualitative trends in this coverage. Their research addresses three distinct hypotheses: that the tone of the articles in the popular press went from positive to negative between 1935 and 1960, that the number of benefits touted by the press for getting a lobotomy would start high and decrease in the same time period; and that the number of negative side effects mentioned would increase over time.<sup>136</sup> They used two methods of analyzing these hypotheses: first, two readers rated the tone and listed the benefits and side effects mentioned in a series of 76 randomly selected newspaper and magazine articles covering the period. Second, the authors themselves read the articles in blocks of historical significance and identified unifying and changing themes.

The first two hypotheses were proven to be correct with statistical significance. The third was only statistically significant through 1955. The authors feel that, "[much] of the press interest in the lobotomy was due to Walter Freeman, who cultivated relationships with writers of prominent newspaper and magazines in order to promote his technique" but they do not provide evidence for how, exactly, those relationships were established or conducted, or why writers might be

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<sup>136</sup> Donald Diefenbach Gretchen Diefenbach, Alan Baumeister, and Mark West, "Potrayal of Lobotomy in the Popular Press: 1935-1960\*," *Journal of the Hisotry of the Nuerosciences* 8, no. 1: 60.

amenable to such relationships in the first place.<sup>137</sup> I hope to have fleshed out this picture in the first two chapters of this thesis.

The primary research that I conducted confirms the trends Diefenbach et al. identify as statistically significant. I had access to the media clippings stored in the Gelman Library Special Collections at The George Washington University and the Smithsonian Institute Archives. The articles ranged in date from 1931 to 1960. There was a sample size of 47 articles drawn from local as well as national newspapers and magazines.

A selection of excerpts from these articles will make it much easier to see how the procedure could become so accepted. In 1946, an *American Weekly* article tells the story of one lobotomy patient, “a shy, timid little bookkeeper became a gregarious hail-fellow-well-met salesman. After his operation he could sell anything to anybody and became president of his company.”<sup>138</sup> The transformation is not only clear, but follows a kind of Horatio Alger morality: a nervous fellow rises to power once his weakness is overcome. That lobotomies could make people independent, productive and employable was a major selling point for Walter Freeman, but in this case the lobotomy not only returned this man to the work force, it *improved* him as a worker. The next year, another article in the *American Weekly* repeats the theme of miraculous transformations. In this case, “A delicate brain

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<sup>137</sup> Ibid., 61.

<sup>138</sup> “Miracles of Brain Surgery, *American Weekly*.” in *Walter Freeman and James Watts Papers*, ed. The George Washington University (Gelman Library Special Collections). Box 20, Folder 2.

operation recently changed an apparently incorrigible criminal - a 28 year old mentally unbalanced woman- into a rational, decent person.”<sup>139</sup>

Some popular mythologies today imagine the lobotomy as part of a nefarious program of social control. Although stories like these lay the groundwork for such notions, they also show how the original intent of the lobotomy has become misconstrued. The article about the “incorrigible criminal” was titled “Reformed by Brain Surgery” - reformed, not controlled. Freeman’s goal was to return patients to a very middle-class sense of normalcy. It was the way general readers could identify with success stories like this that made the procedure appealing and acceptable.

Furthermore, Freeman’s extensive personal correspondence with former patients confirms that they viewed the procedure in a positive light. Hardly any of the letters voice any complaints or cite any ensuing complications. On the contrary, most of the patients and their families are writing to express feelings of gratitude for the ability to return to the workforce and satisfaction with the newfound stability in their social relations.<sup>140</sup>

But by 1946-1947 the tone of news accounts was starting to change. A newer and better story came along in the form of a fresh cure for the mentally ill: antipsychotic drugs. These new medications spurred a decline in the status of the

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<sup>139</sup> "Reformed by Brain Surgery, *American Weekly*," in *Walter Freeman and James Watts Papers*, ed. The George Washington University (Gelman Library Special Collections, 1947). Box 20, Folder 2.

<sup>140</sup> Letter found in Freeman Watts Papers at The George Washington University’s special collections. Box 1, Folders 1-15

lobotomy and negative aspects of the procedure started to come to light.<sup>141</sup> In the 1946 *TIME* article "Kill or Cure," all is well: "Most cases are cured or greatly improved... Psychologists have found no evidence that lobotomy impairs intelligence, though foresight and initiative are often diminished".<sup>142</sup> The lobotomy is still being cast as an effective therapeutic surgery; intelligence is not impaired and the fact that foresight and initiative might suffer is an after-thought.

Hinting at negative side effects accelerates, however, in the 1947 *Newsweek* article "Cutting Out Cares." Here, the reporter states that, "On the whole the good outweighs the bad."<sup>143</sup> This is the first time that the "bad" has ever been alluded to so strongly. By 1951 the bad is finally being directly addressed in the *Saturday Evening Post*: "...[the lobotomy] restores emotional stability but drastically alters the personality of the patient."<sup>144</sup> A lobotomized patient's personality will be dramatically changed: although intimated, this fact has not been outwardly named until this point in time.

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<sup>141</sup> Swayze, V. W. (04/01/1995). "Frontal leukotomy and related psychosurgical procedures in the era before antipsychotics (1935-1954): a historical overview". *The American journal of psychiatry*, 152 (4), p. 505.

<sup>142</sup> "Kill or Cure, *Time*." 1946 in *Walter Freeman and James Watts Papers*, ed. The George Washington University (Gelman Library Special Collections). Box 20, Folder 2.

<sup>143</sup> "Cutting out Care, *Newsweek*." 1947 in *Walter Freeman and James Watts Papers*, ed. *ibid*.

<sup>144</sup> Irving Wallace, "The Operation of Last Resort, *Saturday Evening Post*," *ibid*.

Two years later, *Newsday* released a story titled “How To Prevent Murder (Sometimes)” that finally addresses the possibility of “dramatic failures”.<sup>145</sup> One such failure is the story of a doctor who had been shot and killed. The murderer was a former patient who had not been “miraculously” cured by his lobotomy. Other side effects are also described in detail: “much of the time, patients are apt to emerge unambitious, unimaginative, shallow and lethargic, much like a child”.<sup>146</sup> The reporter also reveals that “the operation itself is disapproved by many psychiatrists, who protest that too little is known about the brain to permit promiscuous surgery to go on there.”<sup>147</sup> The lobotomy had been a therapy in America for almost twenty years, but the press is only now starting to really report on the possibility of negative outcomes. Finally, Freeman began to lose his influence over the narrative.

While it’s unfair to say that Freeman’s influence over public perception of the lobotomy ever amounted to any kind of “control,” I hope to have shown that at the very least, it was significant. This means that one man succeeded in promoting a procedure that had little scientific backing. His values and opinions, however, were adopted and promoted by the press as just that - *science*. Perhaps the trust in Freeman on the part of news reporters and editors on this point can be justified by the fact that Freeman was an employed, licensed doctor and a member of a number of professional medical associations. What that defense would overlook, though, is that Freeman was also one of the founders of the licensing board for his field: The American Board of Psychiatry and Neurology. Furthermore, he himself created and

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<sup>145</sup> “How to Prevent Murder (Sometimes), *Newsday*,” *ibid*.

<sup>146</sup> *Ibid*.

<sup>147</sup> *Ibid*.

was president of several of the medical associations to which he belonged.<sup>148</sup> In other words, he was not an impartial participant in the system of professional oversight and credentialing. One might expect this to subject his promotional activities to more editorial scrutiny, not less. Yet, for twenty years his interests and investments in the profession were never examined, much less questioned for any possible conflicts, something that would be expected by modern standards.

This lack of scrutiny on the part of the press takes on added resonance given the fact that there were other professionals in the field that did not accept the lobotomy as a safe procedure. Dissenting opinions were voiced from 1936 until Freeman stopped operating. For example, in 1950 neurosurgeon James Poppen directly calls Freeman out:

In recent years much has been written about different surgical approaches to the treatment of insanity. I am certain that there will be more to follow. I do hope that in the future we [the medical community] will not be informed initially through the weekly popular magazines. Any procedure which is instituted for such a serious condition should be thoroughly tried and proved to a certain degree before it is advised. Premature information through weekly magazines (not always accurate) has a tendency to give patients or relatives false hopes or impressions.<sup>149</sup>

Freeman's own former supervisor at St. Elizabeth's Hospital from 1924-1933 would never let him operate there.<sup>150</sup> In 1948 he lost his original partner when James Watts thought that Freeman was administering the transorbital lobotomy too

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<sup>148</sup> El-Hai, *The Lobotomist*, 79. Ibid, 216.

<sup>149</sup> James L Poppen, *Techniques and Complication of the Standard Prefrontal Leucotomy*, ed. R Arnot W Greenblatt, and HC Solomon (New York: Grune & Stratton). As found in Valenstein, *Great and Desperate Cures: The Rise and Decline of Psychosurgery and Other Radical Treatments for Mental Illness*, 257.

<sup>150</sup> El-Hai, *The Lobotomist*, 258.

liberally.<sup>151</sup> Eventually Freeman lost operating privileges at all the hospitals with which he had been affiliated. Although he himself never gave up on the procedure, skepticism about him within professional circles would not have been hard to find. It may never have been organized into any actions against Freeman, but it also would have been hard to miss.

Historians have commented thoroughly on how political and social power inform disciplines like science and medicine, whose assertions are otherwise assumed to be neutral and objective.<sup>152</sup> What my research has detailed is one instance when objectivity and neutrality were assumed by participants in just this way, and some of the mechanisms by which social forces affected medical practice undetected - for a period of time, at least - through the institution of the press.<sup>153</sup> I have looked at the means by which Freeman escaped the scrutiny of editors and the consequences of the relationships he set up with reporters.

As a therapeutic procedure, the lobotomy became obsolete in the 1950s, although it is reported that as late as 1986 the operation was performed several times at Massachusetts General Hospital. But the story of how *perceptions* of the procedure were constructed and disseminated does not end here. It has been suggested that the lobotomy is still with us today, only shaped by other social mechanisms which have given it a new form and a new name: anti-psychotic medication.

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<sup>151</sup> Ibid., 190.

<sup>152</sup> Iwan Rhys MORus Peter Bowler, *Making Modern Science: A Historical Survey* (University of Chicago Press), 416.

<sup>153</sup> Ibid., 416, 87.

The first such drugs were chlorpromazine in the 1950s and haloperidol in the 1960s.<sup>154</sup> Although the transorbital lobotomy had made treatment for the mentally ill easier than the prefrontal lobotomy, it was still an invasive technique. Antipsychotic drugs, by contrast, were simply pills the patient had to swallow. The ease of administering these new drug-based therapies helped the lobotomy fall into disfavor.<sup>155</sup> Since then, numerous other medications of this type have been developed. These antipsychotic drugs address many of the same mental health disorders that Freeman was treating with lobotomies, and in similar, though more refined, ways. As a result, these medications have led to growing concern over the concept of the “chemical lobotomy.”<sup>156</sup> The fact that these drugs are advertised on television involves popular media in the construction of their perception, recalling the role of the press in Freeman’s time. All of which begs the question: did we really ever stop lobotomizing?<sup>157</sup>

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<sup>154</sup> Rahman A Iqbal MM, Husain Z, Mahmu SZ, Ryan WG, Feldman JM, "Clozapine: A Clinical Review of Adverse Effects and Management," *Ann Clin Psychiatry* 15, no. 1 (2003).

<sup>155</sup> Tomi Gomory Stuart A Kirk, David Cohen, *Mad Science: Psychiatric Coercion, Diagnosis and Drugs* (New Brunswick: Transaction Publishers), 264.

<sup>156</sup> Peter Roger Breggin, *Medication Madness: The Role of Psychiatric Drugs in Cases of Violence, Suicide, and Crime* (Macmillan), 106, 211.

<sup>157</sup> Ibid. Robert Benincasa Ina Jaffe to National Public Radio, 12/08/2014.

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