

Dr Bahr
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INSULIN SHOCK THERAPY

Since a certain number of patients respond poorly or not at all to electric convulsive therapy, but show improvement with insulin shock treatment, this type of therapy which has been extensively practiced in the institution in the years of 1938 to 1942, has been reactivated.

Both the deep coma and the ambulatory varieties are used. The patients selected for the deep coma insulin management are those suffering from schizophrenic disorders of the simple and paranoid reaction types. The usual course of treatment consists of fifty hours of coma. Every effort is made to apply psychotherapy for a variable length of time at the termination of each coma through capitalizing on the growing spontaneity of individual reaction that occurs at that time. The ambulatory insulin program is used particularly in patients advanced in years and in those cases suffering from a psychoneurotic condition.

Seventeen patients were given insulin shock or sub-shock therapy during the year.

PREFRONTAL LOBOTOMY

The institution's use of psychosurgery in the curative program has been somewhat restraint. This, in part, is due to

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the fact that our nursing department is still short of the necessary number of registered nurses. A rather elaborate setup for surgical convalescent care is necessary.

While lobotomy will not attack the basis of the mental illness, in many instances the operative procedure produces results which are beneficial from the standpoint of total behavior.

Until a regular program for the use of this method is established in the institution, the patients who are considered eligible for this form of treatment are usually released from the hospital to relatives. The family of the patient makes arrangements with a neurosurgeon in private practice for the performance of the operation. When the condition of the patient warrants it, a return to the institution is effected for the further management of the psychosis.

In the minds of some of the best psychiatrists of the country there is reluctance to recommend and go ahead with transorbital leucotomy on a large scale basis. This procedure has been suggested for the treatment of the chronically ill patients who fill the wards of the mental hospitals and who already have been treated by one or more of the numerous methods (psychotherapy, insulin and electric convulsive therapy). The long term results of frontal lobotomy are not well known at present, in particular as to the development of epilepsy, which ranges with the present

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psychosurgical methods from 7 to 28 per cent. (See J.A.M.A. 146:329 (May 26)1951).

Referring to personality changes following frontal lobotomy, Dr. Percival Bailey, director of the Illinois Neuropsychiatric Institute, raised the question "whether the neurosurgeon has the moral right thus to alter the personality of a human being without a judicial inquiry and legal authority." (See 1950 Yearbook of Neurology, Psychiatry, and Neurosurgery).

Fifteen patients have had the benefit of this procedure. Several patients have been admitted who prior to their coming to the institution had a lobotomy performed on the outside.

PSYCHOTHERAPY

It has become established clinical policy on the part of hospital personnel dealing directly with patients to try to make every contact with the patient a therapeutic gesture, even those contacts that are diagnostically intended. These therapeutic gestures are equated with wholesomeness of attitude toward individual patients and toward groups of patients in an effort to capitalize on any other kind of treatment that might be going forward, so that a continuum of psychotherapy will permeate the entire total-push method that is so beneficial in the management of psychiatric patients.

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