

*Last Resort: Psychosurgery and the Limits of Medicine.* By Jack D. Pressman. Cambridge University Press 1998. Pp. xv + 555. \$90.00 cloth.

What do health professionals do when they reach the bottom of the bag in treatment options? Do they wait for the evidence to mount in favour of a particular approach? Or do they commit to a strategy and to an ongoing evaluation that takes account of the evidence to date and their (often incomplete) understanding of the medical condition or social situation they are attempting to alleviate?

In *Last Resort*, Jack Pressman raises these and other questions of profound contemporary relevance while detailing the rise and fall of psychosurgery in the United States from the 1930s to the 1950s. This is no retrospective on psychosurgery that denounces its practitioners for shoddy or ill-advised science while empathising with the thousands of luckless mental hospital patients subjected to this 'last resort' treatment. Nor is it the sort of book that leaves the reader with deep concerns about the laxness of a medical system that allowed an evil or misguided medical minority to undertake their callous or ill-conceived activities hidden from public scrutiny — concerns widely propounded since at least the 1960s.

In a compelling re-telling of the psychosurgery story Pressman, a University of California academic who died while completing the book, notes that psychosurgery was firmly ensconced in the mainstream of psychiatry. The psychiatrists, neurosurgeons and scientists who advocated or justified surgery to the frontal lobes of the brain (often referred to as a leucotomy or a lobotomy) were senior opinion leaders and one of them, Portuguese neurologist Egas Moniz, won a 1949 Nobel Prize for developing the procedure. Pressman also argues that although the operation was done in many cases for social reasons, it was typically a genuine attempt to restore patients to some sort of participation in the life of their family or community, it was not restricted to any social class and it was performed in the full range of US mental institutions — public and private, run-down and palatial, entrepreneurial and medically conservative. In spite of psychosurgery's unproven efficacy (guidelines for determining therapeutic efficacy in medicine being in their infancy at the time), it was widely accepted during its heyday by doctors, scientists and the community who saw it as an option worth investigating for a group of patients unresponsive to other treatment modalities who faced indefinite confinement to mental hospitals.

*Last Resort* starts by exploring the links between the emergence of psychosurgery in the United States and the growing acceptance of Adolph Meyer's model of mental illness as maladjustment rather than madness. Several other chapters explore the development, adoption and diffusion of psychosurgery from experimental status to acceptable therapy, the ongoing crisis in the overburdened American mental health system, and the demoralisation of psychiatrists and other staff in the face of the failure the new psychological and biological treatments such as psychotherapy, electroshock and insulin shock therapy in a core of chronic patients.

The crucial issue of how individual patients came to be selected for lobotomy is dealt with in a chapter that examines the patient records of the McLean Hospital in Massachusetts, a 200-bed private establishment that accepted severely dysfunctional patients, many of whom had been rejected by other institutions. Most patients at McLean came from wealthy families and the medical consultants, many of whom held senior academic appointments at places like Harvard, were highly regarded. Pressman follows the eighty McLean patients who received a lobotomy between 1938 and 1954, as well as others considered for surgery who did not end up having it, using patient histories and the transcribed records of staff and family discussions. This provides an absorbing view of the inner torments and deep depressions of patients who underwent surgery and the fumbling attempts by therapists to develop a rational approach to patient selection within a system that lacked the tools for assessing the impact of the therapy. In the best cases patients did rejoin the outside world, their intelligence quotient apparently unaffected but with variable degrees of deficit in initiative, motivation, planning ability and creative thinking. In the worst outcomes patients, described as 'drooling zombies', disappeared into state institutions with even less hope of recovery. The proponents of new drug therapies, such as chlorpromazine in the mid-1950s, talked down the value of psychotherapy, being only too ready to distance their approach from that of their predecessors.

Pressman, a student of the medical historian Charles Rosenberg and an advocate of his notion of frameworks for decision-making in medicine ('framing disease'), identifies the period of prior hospitalisation as one of several important factors taken into account by staff to determine the appropriateness of psychosurgery. Ultimately however, the staff at McLean defended their decisions on the grounds of that difficult-to-define entity, clinical judgement. In Australia, the frame-

works for psychosurgery appears to have been somewhat different, suggesting an interesting medical history research topic. For example, Victorian mental health authorities insisted that psychosurgery should not be regarded as a 'last resort' and time spent in a mental hospital was not regarded as particularly relevant.

Nonetheless, modern medicine has its own treatments of last resort, as recent debate over antiretroviral therapy for HIV-AIDS vividly demonstrates. Despite the contemporary focus on controlled clinical trials and exhaustive research protocols, medicine does not have a well-defined strategy for dealing with an impotent armamentarium. As Pressman demonstrates, when all else fails and the limits of medicine are exposed, new approaches inevitably involve a thoughtful gamble. Improving the odds of success remains a major challenge.

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*The Last of the Lunatics*. By John Cawte. Melbourne University Press 1998. Pp. x + 175. \$24.95 paper.

*The Last of the Lunatics* is a pleasingly complex book that rewards careful reading and consideration. John Cawte has produced both a personal memoir and a brief history of post-war Australian psychiatry. At one level he constructs a simple 'then and now' divided by the availability of neuroleptic drugs (anti-psychotics or tranquillisers). In this strand of his narrative Cawte situates himself as one of the few surviving doctors who practised in the pre-neuroleptic era and knows the 'natural histories' of mental illnesses. He considers, and shares with us, some of the case notes he made during the early 1950s, before the 'vast advance in empiricism and technique', or in other terms, before 'psychiatrists could distribute drug lobotomies at will'.

Cawte does not want a return to the era of 'insanity at full pelt' or the 'then' before neuroleptics. But he does want to explore some of the more consistent features of psychiatry. He asks — should psychiatry be about diagnosis and drugs or humanism, empathy and psychotherapy? Should we overlook the virtues of temporary asylum or refuge just because we can suppress symptoms with medication cheaply in 'the community'? Cawte promotes, and seems to have practised, a