

The Mysterious Experiments Of Dr. Heath IN WHICH WE WONDER WHO IS CRAZY & WHO IS SANE

by Bill Rushton

New Orleanians of all persuasions were uniformly surprised one recent Sunday morning to find the following conclusion spread all over the front page of the *Times-Picayune*: marijuana use can cause irreparable damage to your brain.

Some of the surprise came, no doubt, from the fact that no previous scientific research effort has ever produced credible evidence for such a conclusion. Still other elements of surprise came from subsequent disclosure that the tests cited in the *Times-Picayune* were in fact conducted on all of 10 monkeys, and that the researchers in their haste to force-feed their subjects the equivalent of 250 joints a day, had succeeded in asphyxiating one of them before the full run of the test could be completed. But the biggest surprise of all centered around the point of origin of this report: the Tulane Medical Center, in association with its Delta Regional Primate Center outside Covington, under the direction of a publicity-shy psychiatrist by the name of Robert Galbraith Heath.

Who is this mysterious Dr. Heath?

And why is he running around the country now saying such things (on the ABC Evening News, even, not merely the *Times-Picayune*)? Where is he coming from, and what has he been doing all these years, and how did he ever get into a place where he could safely hope to conduct and disseminate such an incredible experiment?

* * *

The subject is seated alone in a small electrically-shielded, semi-soundproof room with a lever, hand button, and intercom on a table before him. Through a one-way glass mirror rimmed with electrical instruments, we can see him reaching for the lever, the expression on his face not quite clear through the window.

As he moves, the bundle of wires attached to his head moves with him—a white headress not unlike a bath towel or a turban, except for this ungainly knot of plugs streaming wires that disappear in the direction of the lever.

"If it feels good, press until you want to stop." So says a voice from the instrument room, repeating a set of printed instructions which we cannot see that have been taped to the wall of the room. We cannot see or hear the instructions, for we are looking at a photograph in a medical book at the Tulane Medical Center Library, not far from where the actual experiment took place. The book is describing a Dr. Heath adventure in which several parts of the subject's brain have been deep-implanted with electrodes connected, eventually, to the room of machinery hidden by the one-way mirror. Dr. Heath and his lever are there to send a small series of small elec-

trical shocks into various regions of the subject's brain for the purpose of modifying, which is ultimately to say controlling, the subject's behavior.

Patient B-10 described in this same article is said to have had electrodes leading to 17 brain sites implanted for his experiments at the hands of Dr. Heath. The experiments were first reported on Nov. 15 and 16, 1962, at a special symposium sponsored in New Orleans by Tulane and reprinted with their symposia papers as a 1964 book: *The Role of Pleasure in Behavior*. Mr. Heath's experiment with B-10, however, is concerned with both pleasure and pain. Patient B-12, in the same experiment, whom Dr. Heath ascribes to that catch-all diagnostic category of "schizophrenic," continues to press for a "feel good" even when there is no current, reporting verbally that these actions make him "feel good." Patient B-10 also eagerly presses the button because he is so intent upon "trying to cooperate with us that he assumed we must want him to press it, since he had been placed there."

Dr. Heath at the end of the article admits that he does not consider this particular experiment to have been an unqualified success, and assigns the blame not to the nature of his experiment, but, rather, to the quality of his subjects: "It must be remembered that these are neuropsychiatric patients rather than normal persons."

Patients. Mental patients drawn from institutions administered by the Louisiana Department of Hospitals, especially the East Louisiana State Hospital at Jackson—where Dr. Heath has acquired his own "wing" filled with 133 special experimental patients. Dr. Heath has been careful to make the necessary political arrangements for providing his department with this abundant supply of experimental material at no cost to Tulane. "Through a unique arrangement," we learn in the introduction to a 1961 book about another of his special symposia, "the Department of Hospitals supported both mental health research and training from funds collected as fees from patients in state hospitals and clinics. Joint research activities evolved whereby the state provided facilities, patients, and supporting personnel while the universities supplied top-level researchers." (italics added)

Since 1950, Dr. Heath and his fellow researchers at the Tulane Department of Psychiatry and Neurology have evolved psycho-surgical experiments on the brains of 58 such patients in which up to as many as 125 electrode leads have been implanted. Since 1952, techniques have been perfected for "fixation of electrodes at predetermined sites for two to three years," he writes.

"Patients have usually been ambulatory." But not always, nor have they always been conscious of what was happening to them at the time of the experiments: "Be-

cause they have been stimulated while fully conscious, as well as during other stages of awareness, both subjective and objective data have been obtained," he explains of his methodology. Nor are these stimuli necessarily voluntary once you have come to be one of Dr. Heath's patients: "In the last sequence of the film," Dr. Heath footnotes a reference to one of several movies that exist to document the movements of these terminal men, "Patient B-10, the psychomotor epileptic, was stimulated in the septal region during a period when he was exhibiting agitated, violent psychotic behavior. The stimulus was introduced without his knowledge."

Patient B-10, a 25-year-old white male who "showed no evidence of abnormal behavior until he was 18," Dr. Heath says, and who spent four months in the military before attempting to commit suicide, was subsequently equipped by Tulane with a transistorized, button-operated electrical self-stimulator that he could wear on his belt. So was patient B-7: "By virtue of his ability to control symptoms with the stimulator, he was employed part-time, while wearing the unit, as an entertainer in a nightclub."

For patient B-7 as well as most other Dr. Heath experiments, the so-called "septum" pleasure center of the brain has achieved paramount experimental importance: Tulane researchers believe that the control of pleasure and, thus, the control of behavior will be found through control of the septal center. "The patient, in explaining why he pressed the septal button with such frequency, stated that the feeling was 'good,'" Dr. Heath explains of B-7, the nightclub entertainer. "It was as if he were building up to a sexual orgasm. He reported that he was unable to reach the orgasmic end point, however, explaining that his frequent, sometimes frantic pushing of the button was an attempt to reach the end point. This futile effort was frustrating at times and described by him on these occasions as a 'nervous feeling.'"

Patient B-7, however, does seem to have been able to distinguish "current" from "no current" and pleasure stimulations from pain stimulations—the consequences of the latter of which are described euphemistically by Dr. Heath as "aversive alerting." Of B-7, he continues, "The patient, complaining of intensive discomfort and looking fearful, requested that the stimulus not be repeated. He ingeniously modified a hair pin to fit under the button" which was causing the pain, "so it could not be depressed." Patient hostility towards Dr. Heath and his researchers under these circumstances is apparently not unknown: B-10 "proved a difficult subject, with frequent demanding or sullen behavior and almost no patience or tolerance or frustration." Dr. Heath continues: "Because this patient was intellectually intact, we had hoped he could provide verbal description of any 'pleasurable' sensations

Dr. Heath

continued

accompanying self-stimulation. He became increasingly uncooperative and unreliable, however, and we terminated work with him after seven sessions, focusing our efforts on the remaining subject."

B-12, the remaining subject, the one who presses the button when there is no current and then tells Dr. Heath he "feels good," in other passages is described as "relatively rational and unusually cooperative, considering the extent of his illness." He is also said to be autistic and withdrawn and escaped into "almost constant auditory hallucinations," to block out whatever forms of reality—including even some of those imposed upon him by Dr. Heath—that cause displeasure. Not all of Dr. Heath's patients have been that lucky in their attempted escapes, however, and there are widely-known if seldom publicly-discusses cases of attempted suicides and at least one apparently successful attempt from the sixth floor of Charity Hospital in February of 1970. Among those local psychiatrists who will even admit to any knowledge of the details of that incident, there is general agreement that the successful escapee in that case was deranged far beyond mere response to the actions of Dr. Heath.

Outside New Orleans, however, the response of the medical community to these experiments has been somewhat less accommodating.

In the book *Electrical Studies on the Unanesthetized Brain*—the product of another one of those brain-operation symposia, this time of Georgetown University Medical School—Dr. Heath is backed up against the wall by the discussants who followed presentation of a paper he entitled "Evaluation of Seven Years' Experience With Depth Electrode Studies for Human Patients."

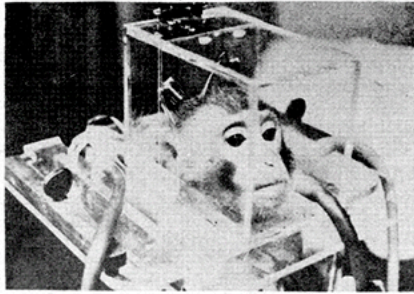
Dr. Reginald C. Bickford, M.D., a physiology professor who also heads up the Mayo Clinic Electroencephalography (EEG) Lab, charged that brain wave readings recorded by Dr. Heath during these experiments are difficult to interpret. The big "spikes" or bursts in the EEG graphs come from a variety of primary and secondary sources that do not necessarily confirm Dr. Heath's theories of behavior, he continues.

"One of the limitations of the findings from the Tulane group," suggests Dr. Bickford with a consistent and apparently characteristic measure of understatement, "is perhaps that they have the preconception that specific areas of the brain are involved in certain types of behavior changes." The brain's circuitry is too complex for such simplistic explanations of cause and effect, Dr. Bickford implies diplomatically. "Moreover, correlating behavior with electrical change is difficult," because of other unanticipated, unrecorded impulses in other areas of the brain, or because of the possibility of incorrect electrode placement or other interferences referred to in the literature as "artifacts." Looking for a possible positive note on which to end, Dr. Bickford praises the "advantage" that Dr. Heath's depth recording devices have attained scientifically over conventional surface recordings—but, souring slightly over again, he expresses hope for "the day when we will get greater coverage with increasing safety of the method."

(One of the "safety" problems to which Dr. Bickford refers was confessed in this same paper by Dr. Heath to be as follows: "We used copper electrodes and, on most stimulations, a unidirectional pulse. The unidirectional pulse with copper electrodes was stopped because we felt that polarization and deposition of metallic ions might be damaging. In light of some of our recent biochemical studies where serum-ceruloplasmin levels seem to be of importance, we have speculated that perhaps the copper deposition may have been of some value. We plan further investigations with the copper electrodes and unidirectional pulse to test this possibility.")

In their somewhat animated self-defense, Dr. Heath and his colleagues point out various methods and time delay periods they have employed to eliminate artifacts—and thereby open up new criticism of their methods by Dr. J.C. Lilly, former chief of the Section in Cortical Integration of the National Institutes of Mental Health's Neurophysiology Lab. Dr. Lilly notes "the boundaries of such areas are not known" in reference to the electrical force fields of Dr. Heath's electrodes, discrepancies which will produce differing results in humans and animals for both monopolar and bipolar arrangements. "If you use large electrodes or electrodes very far apart so that you are hitting both positive and negative structures all at once, the net algebraic effect is very confusing with respect to specific localization of functional areas."

Tulane's Marijuana Monkey Business



The exact report upon which Dr. Robert Heath has based the latest of his marijuana claims is not available to the public at this time, the Tulane Medical Center's public relations office says now two months after it was first reported in the *Times-Picayune*. Tulane has been swamped with requests for additional information from anti-marijuana forces from Alaska on down, one P.R. spokesperson at the Medical Center says, putting a bit about how that nasty news media has been "putting words in Dr. Heath's mouth" and "slanting" his studies and how they just "have to be careful" now about who they talk to and what they say. The root of the issue: "Dr. Heath has not made any conclusive studies," she admits, and that, indeed, may be the reason he and his publicists have decided to clam up.

Some of his earlier public statements on the matter can be found in the January, 1973 issue of the journal *Neuropharmacology*, which reported EEG tests on six marijuana-smoking rhesus monkeys conducted by several of Dr. Heath's associates (he authored the article). Ironically, he concedes therein that "the pleasurable feelings associated with marijuana are related to activation of the septal region," which he defines to be the pleasure zone. Sharp changes in septal region EEG patterns under the

influence of marijuana are darkly suspected by Dr. Heath, however, to be signs of psychotic behavior—a charge he repeated in January, 1974 to Sen. James Eastland's Internal Security Subcommittee in yet another of his anti-marijuana forays. Dr. Heath admits he obtained some of these human marijuana test results from epileptic patients instead of experimental subjects with damage-free brains.

For a refutation of Dr. Heath's EEG interpretations, return to the main text. His overdoses of monkeys in an apparently deliberate attempt to generate some sort of "brain damage" report were heavily criticized July 17, two weeks after the *Times-Picayune's* June 30 outburst, by Dr. Thomas E. Bryant, president of the independent, Washington-based Drug Abuse Council. "Some researchers are drawing conclusions about the harm from marijuana which far exceeds the data presently available and, in some cases, the researchers themselves appear to have set out to support a preconceived notion." Dr. Thomas dismissed reports by Dr. Heath and four other physicians as resembling "propaganda more nearly than scientific research."

Meanwhile, in New Orleans, sources close to the "experiments" learned that the monkeys with "brain damage" had died in the middle of the night under circumstances that would naturally have led to marked deterioration of their brain tissue by the following morning.

The *Times-Picayune* report of June 30 was authored by science writer Podine Schoenberger, a major New Orleans supporter of Sen. Barry Goldwater's 1964 presidential campaign, whose article confusedly reported the active ingredient in marijuana to be its "cannibis" (rather than its THC). Asked why Tulane had released information to Ms. Schoenberger that, two months later, it was still unable to release to other news media, the P.R. office spokesperson replied that Ms. Schoenberger was considered a journalist "who we know we can work with."

In other words, the very equipment itself could be responsible for introducing experiment-defeating "artifacts."

If the data upon which the causes and effects of Dr. Heath's observations and conclusions are based has been faulty, then what are we to deduce about the subjects of pleasure and pain he claims to have studied and controlled? Did the patient simply forget the pain, or was the stimulation blocking it out, or what—asked yet another critic at the Georgetown conference. "They certainly do have a pleasurable-like response and report feeling good," Dr. Heath replied. "It would have to be an interpretation from this point on. Whether the stimulus masks pain or whether it blocks pain impulses in some way, we don't know."

Dr. Peter Breggin, a Washington, D.C., psychiatry professor and outspoken critic of psycho-surgery techniques, knows that Dr. Heath does not know. And he had the anti-professional gall to attack Dr. Heath and other psycho-surgery practitioners in the March 1972 issue of *Medical Opinion*. Dr. Breggin says that some 600 of these brain alteration procedures are performed a year across the country—implantations, lobotomies, irradiations, etc.—and that another 50,000 or so patients are expected to be affected by "a second wave of psycho-surgery" operations anticipated for the near future, unless the medical professions "take an active stand against all forms of psychosurgery." The professions have thus far declined to take such a stand since 1935, when the first modern lobotomies (frontal lobe surgery) were being perfected—in fascist Portugal—by Dr. Antonio Egas Moniz.

"The plain fact is," Dr. Breggin continues, "no sound theoretical basis exists for these procedures, except the generally accepted hypothesis that the limbic system [which includes the septum pleasure center, frontal lobes, etc.] control certain higher functions such as insight, foresight, empathy, imagination, creativity, abstract reasoning, emotional responsiveness, etc." Dr. Breggin believes psychosurgical techniques all have a damaging effect on these functions, but that they are not necessarily effective in treating psychiatric problems. Moreover, as for the "self-stimulator" devices so favored at Tulane, Dr. Breggin notes, "The totalitarian potential is beyond belief—a permanent set of buttons for pain and pleasure which other people can control... these port-

able stimulators can be manipulated by remote control, even by computers at a distance!" He concludes that psycho-surgery is "a crime against humanity, a crime that cannot be condoned on medical, ethical, or legal grounds."

* * *

In the quarter century he has been hidden away at Tulane, Dr. Heath has hardly limited his experiments to human beings or electrical stimulation, although they all have in some ways been limited to and even obsessed by the problem of control. In his 1969 presidential address to the Society of Biological Psychiatry—a behaviorist splinter sect of the American Psychiatric Association formed in 1947 by Dr. Heath and his fellow adherents to the proposition that biology (and biological inferiority) determines behavior (especially inferior or anti-social behavior) instead of social environment—Dr. Heath suggests that preventive and therapeutic solutions to our mental health problems can be found through continued experimentation with "controlled manipulation of the pleasure response and . . . manipulation of memory by biologic means." To that end, Dr. Heath has also been administering chemical stimulation procedures to the latest 10 of his electrode-implanted patients—including the controversial behavior modification compound atropine and the highly volatile acetylcholine (ACH), which he has shown to be capable of stimulating different forms of behavior in applications to different regions of the brain, including at least one case of an involuntary orgasm in a female patient. As is often the case in selected runs of his electrical experiments, "subjects were not informed when stimuli were applied," he admits. Some of those subjects were prison inmate "volunteers" from Angola who were administered a bizarre compound Dr. Heath concocted and named taraxin—a protein substance taken from the blood of schizophrenics which is said to cause schizophrenic symptoms to appear in those persons to whom the drug is subsequently administered.

The taraxin controversy was one of Dr. Heath's first, and it perhaps explains his excessive sensitivity to publicity and criticism of his methods and intentions and results. The taraxin controversy began in 1956, when Heath and company first claimed that they had isolated a fraction of the compound—"hailed in some scientific circles as a major breakthrough," their faction of the

Zombies Wearing Transistorized Stimulators...

circle notes with a somewhat self-congratulatory tone in the preface to yet another book, *Serological Fractions in Schizophrenia*, published in 1963. This book, as do most of the others reported in this story, reprints papers from symposia Dr. Heath and his biopsychiatry colleagues periodically throw for each other so as to have a safe but "respectable" scientific forum in which to present their findings. *Fractions* and the research for it were supported by grants from the medical experiment-oriented Commonwealth Fund, plus the Department of Hospitals, LSU and Tulane—culminating in a New Orleans symposium June 13-14, 1961, five years after the "break-through."

"After considerable investigation in animals, it was decided to test the effects of the fraction in human subjects," the book reports of these early experiments. "Legal clearance was obtained and tests were conducted on prisoner subjects, selected from a group of volunteers at the Louisiana State Penitentiary. The subjects developed symptoms characteristic of schizophrenia." (italics added)

But duplication of these results proved difficult. A batch of serum dispatched to Missouri's Jefferson City Prison in 1957 and administered there by researchers at St. Louis' Washington University produced an "equivocal reaction" in one inmate "volunteer" and no reactions in the others, *Fractions* reports. Nor could researchers at the Arthur P. Noyes Institute for Neuropsychiatric Research at the New Hampshire State Hospital produce any taraxein reactions by as late as 1959. Confirmatory evidence, when it came at all, finally poured in from three somewhat disconcerting sources: the Upjohn Company, a major pharmaceutical house that underwrote various taraxein experiments at Detroit's Lafayette Clinic; the Merck Institute for Therapeutic Research, another pharmaceutical research installation; and the Soviet government.

By 1961, when the initial uproar was beginning to subside, Dr. Heath had, in a paper presented at his very own captive conference, retreated somewhat to the position

that "a small molecule, perhaps a peptide associated with the protein, may be responsible" for the taraxein-like schizophrenic reactions he had so sweepingly proclaimed. There does not seem to be any immediate indication of what the drug companies and the Soviet government are doing with Dr. Heath's "discovery," but it does seem to have made him both internationally notorious as The Biopsychiatrist Persecuted and defensively thin-skinned about the denigrating sceptics who have continued since that time to follow up the details of his unusual work.

In New Orleans in 1972, one rather interesting example of these periodic confrontations occurred between Dr. Heath and the Medical Committee for Human Rights—a national organization of young physicians and medical personnel who, through their local chapter, supply services to the Health Emergency Aid Dispensary (HEAD Clinic) and other humanitarian ventures. Todd Ochs, New Orleans MCHR activist, had discovered in a few medical journal article perusals of his own a series of Dr. Heath experiment reports on a gay man "busted" in Lake Charles on a dope charge (a man who subsequently had agreed to enter Charity Hospital for psychiatric observation to rid himself of the charges). Over protests from the man's therapist, says Ochs, the patient was transferred out of Charity's jurisdiction to Tulane's so that electrodes could be implanted in his septal pleasure center; stag movies were shown when the pleasure center was stimulated, and a prostitute was brought in to service the patient in an ultimately futile attempt to change his sexual orientation. "Ward nurses at CHNO (Charity Hospital New Orleans) hide female patients from Heath's lackeys seeking victims," Ochs went on to charge in a letter he circulated prior to an MCHR demonstration May 13 against Dr. Heath at a French Quarter hotel where the annual EEG physicians' conference was being held. Dr. Heath failed to show for the personal presentation of his paper, and he cancelled a second appointment with MCHR representatives to discuss his work when he discovered their plans to picket the meeting, Ochs says. The Tulane

Medical Center public relations office has repeatedly refused to provide this newspaper with press releases, photographs, and other documentary material related to Dr. Heath and his experiments, and has also refused to set up an interview during which these and a number of other reports and alleged incidents concerning this research could be discussed.

Meanwhile, Ochs, who is particularly outraged about professional research review procedures which he contends leave innocent patients and inmates helpless and open to abuse from such "experiments," has provided us with a copy of Dr. Heath's "release of claims" statement. A two-page document to be signed by patients or their relatives and three witnesses for authorizing operation and treatment by the Charity and Tulane staffs, it gives *carte blanche* permission for implantation, surgery, drugs, and other treatment "as felt indicated by the physicians" with total renunciation of future legal rights. The full text:

"I (we) hereby grant permission to the physicians of Charity Hospital of Louisiana at New Orleans and of Tulane University School of Medicine for the performance on my (our) (relation), (name), of the procedure of implantation of small indwelling brain electrodes, as well as the performance of intracerebral drug treatment or intracerebral surgery, or both, as felt indicated by the physicians. It is my understanding that these procedures carry an attendant risk of possible infection of the brain, hemorrhage into the brain, or possible adverse reactions from anesthesia. I understand that performance of the procedures carries no guarantee of improvement of the condition of my (our) (relation) and that they will be carried out by the physicians of Charity Hospital and of Tulane University School of Medicine only after they have reasonably concluded that all other therapeutic efforts in the case of my (our) (relation) have failed or are of no avail. (signed),"

Optional clause: "I understand that my (our) (relation) has used drugs, including (names of drugs), that are gen-

continued on page 10

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erally considered to be detrimental to health. Since one aim of the treatment program is to assist my (our) relation) in discontinuing use of these harmful drugs, the physicians may see fit to administer one or more of these drugs to determine how they are affecting my (our) (relation). It is my understanding that all reasonable precaution will be used in administering such drugs, and I have been informed of the potential detrimental effects.

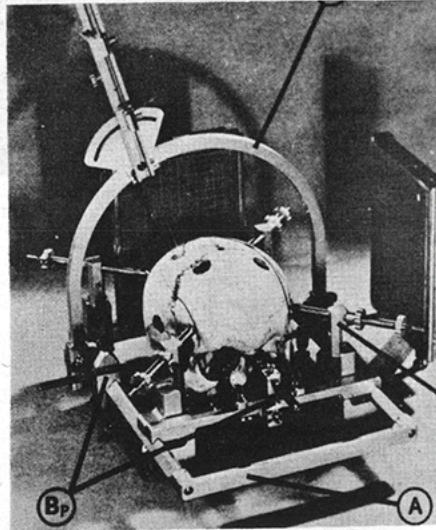
For and in consideration of the medical treatment or hospitalization, including any and all surgical operations or procedures as aforesaid, which my (our) (name) may receive while a patient in the Charity Hospital of Louisiana at New Orleans or at Tulane University School of Medicine, from or through the duly appointed members of the medical and surgical staffs of the said hospital and school, either severally or collectively, consent is hereby given voluntarily and knowingly by me (us) for and in behalf of my (our) (name), to the said members of the said medical and surgical staffs, or any of them, severally or collectively, to prescribe or carry out, or cause to be carried out, such medical treatment or surgical operative procedures, which they, or any of them, in their best judgment deem appropriate and proper for the best interest of my (our) (name)."

(This optional clause permits Dr. Heath to carry on heroin and methadone experiments—he believes drug addiction is an attempt at self-medication for pleasure in people who have a neurological defect in their pleasure center.)

Nor is Ochs the only medical professional up in arms over this legal issue. Dr. Vernon H. Mark, associate professor of surgery at Harvard and director of neurosurgery at Boston City Hospital—one of Dr. Heath's leading colleagues on the national psycho-surgery scene—has been forced, in the July, 1974, issue of *Psychology Today*, to admit the need for a re-evaluation: "The proposition that electrical brain stimulation and brain surgery should be used to improve every aspect of human life is wrong for at least two reasons. It assumes that medical men are the best authorities on how to improve humanity 'beyond the normal.' The position that psychiatric neurosurgery should be used to correct any abnormal or undesirable behavior is also unacceptable, because current definitions of 'abnormal behavior' may be purely social or political and have little or nothing to do with disease states." And Dr. Mark concedes the thorny legal problem of "informed consent" for inmates of public institutions: "We should clarify the political and legal rights of prisoners. Under present constraints of informed consent that exist in prisons, I think no one should perform psycho-surgery on convicted felons."

Nor is Dr. Mark necessarily convinced that the side effects of this brain tampering have been sufficiently studied or anticipated—with regard to behavior-controlling drugs "post-mortem pathological studies have indicated that [they are] accompanied by structural changes in the brain."

The national fight for freedom from the tyranny of psycho-surgery has been building for some time now, and Dr. Mark's confessions—in an article ostensibly devoted to a defense of psycho-surgery—must be interpreted as



SKULL CAPTOR: Dr. Heath's electrode implantation machine.

a sign of the opposition's preliminary success. Dr. Mark is not wholly without notes in his own professional eye, however, as we can see from an independent follow-up report by Washington's Dr. Breggins on a patient named Thomas R.—who had been operated upon for epilepsy and violence in 1965 by Drs. Mark, Frank Ervin (a student of Dr. Heath's), and William Sweet under the auspices of the private and unsupervised, independent Neuro-Research Foundation of Boston. Dr. Breggins's 1973 report, which has seen publication thus far in the journal *Issues in Radical Therapy* and the magazine *Rough Times*, says "these men have gained considerable public attention by promoting brain surgery for the control of violence and by linking their studies and therapies to political problems, such as ghetto rioting and political assassinations." Dr. Breggins also prefaces his remarks with the explanation that "our first inkling that these men were not fully or accurately reporting on their patients' fate came more than a year ago when we first received a lengthy letter from a nurse who had known their most famous patient, Julia, before and after surgery. She wrote, He [Mr. Mark] implanted a couple of electrodes and proceeded to 'burn out' sections of her temporal lobe. The only problem was that her impulsive behavior did not leave her, and she began to deteriorate in front of my very eyes . . . She stopped her wonderful guitar playing. She stopped wanting to engage in long intellectual discussions. She became more depressed. Suicidal . . . I did see pictures of her in *Life* about the time of the riots as an illustration of a person 'before and after' psychosurgery. That article never mentioned her later deterioration and several emotional suffering."

Dr. Breggins goes on to report, "Interviews with this nurse elaborated on the patient's fate, and through various

sources, we were able to gain admissions from Dr. Mark—contrary to the impressions in his publication—that she has remained chronically hospitalized." Moreover, neurologist Ernest Rodin, a recent defector from the psychosurgery faction who works at Detroit's Lafayette Clinic, has "given evidence that Mark, Ervin, and Sweet misled the public and the profession in all of their cases in *Violence and the Brain*," he says. Dr. Breggins adds that his case study of victim Thomas R. includes "data from interviews with the patient, his family, and involved professionals, as well as many of the hospital records."

Thomas R., we might as well add parenthetically at this point, was used as a model for Harry Benson in Michael Crichton's novel and movie *Terminal Man*.

Thomas R. was a "brilliant engineer" prior to his contact with the Massachusetts experimenters in 1965. By 31, he had developed several patents on the Polaroid Land camera, and also an apparent case of psychomotor epilepsy. Thomas R. was never observed in a seizure by his psychiatrist, but he did encounter a lung infection, an automobile accident, and serious marital problems before checking into the Boston medical complex for a series of treatments from which he never again emerged intact. Drs. Mark, Ervin, and Sweet were looking for an experimental epilepsy patient when Thomas R. fortuitously arrived, and when his previous psychiatrist terminated his involvement, the hospital chart of his case "became almost entirely neurologic in its orientations," Dr. Breggins says.

To make a long and tragic story short, Thomas R.'s records show no real signs of violence until right before his operation—whereupon he protested the destruction of his brain's amygdala quite violently. In their book, Mark and Ervin "proudly claim that after the lesion was finally made he was no longer a danger on the ward." In subsequent hospitalization episodes on the West Coast, "his doctors have still been unable to get the [Boston] records, and do not, apparently, realize the truth in his delusions," observes Dr. Breggins, citing their report on Thomas R. as follows: doctors in Boston were said by the patient to be "controlling him by creating lesions in his brain, by microwave, and that they had placed electrodes in his brain tissue some time before. Stated they can control him, control his moods, and control his actions, they can turn him up or turn him down." Dr. Breggins, who then examined Thomas R. for himself, concluded that he has "only become seriously violent since his surgery, and that since his surgery he has been totally disabled, chronically hospitalized, and subject to nightmarish terrors that he will be caught and operated on again at Massachusetts General Hospital." A \$2 million suit against Drs. Mark and Ervin charging malpractice and lack of informed consent has since been filed.

In 1972, the same year that Thomas R. once again showed up in a hospital in Boston, Drs. Mark, Ervin, and Sweet "wrote a follow-up of all their patients in a compendium, *Psychosurgery*," notes Dr. Breggins, "and again claimed that Thomas R. had been cured of his violence." Thomas R., by this time, had taken to upsetting the entire ward of the latest hospital by scrawling the word "murder" on the dayroom wall.

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That Induce Spontaneous Orgasms In Women.

Other litigation aside, Drs. Mark, Ervin, and Sweet have not yet, however, been charged with Thomas R.'s murder. In fact, Dr. Ervin—Dr. Heath's disciple—has left the Boston area to become Professor of Psychiatry at UCLA, where he is listed on the staff of a proposed bio-psychiatric candy store: the so-called Center for the Study and Reduction of Violence proposed for UCLA's Neuropsychiatric Institute.

Judith Randall, writing in the Feb. 25, 1974, issue of the Washington *Star-News*, describes this most lavish and incredible psycho-surgery proposal to date:

"When proposed in 1972, a Center for the Study and Reduction of Violence, to be financed in part by the Justice Department's Law Enforcement Assistance Administration and in part by funds provided by the California Legislature, appeared to be a good idea.

"That the center should be run by the University of California at Los Angeles under the leadership of Dr. Louis Jolyon West, head of UCLA's Neuropsychiatric Institute, also seemed apt. LEAA is a small agency with a large budget. Where better for the Nixon Administration to invest a million or so law-and-order dollars than in California, which has brought us the likes of the Manson and Santa Cruz murders, the Soledad Brothers, and the Juan Corona atrocities?"

"By January, 1973, in fact, Gov. Ronald Reagan had become so taken with the idea that he made it part of his state of the state message. And 'Jolly' West—best known in some circles for having cost the Oklahoma City zoo an elephant by overdosing it with LSD—was seeking to have Reagan petition the Department of Defense to turn over to the Center a nearby Nike missile base the Army no longer needed."

In the ensuing uproar, UCLA received no missile base (desired for its "isolated location") or the money—but it did receive strong rebuttals organized by the Children's Defense Fund (CDF) and the American Civil Liberties Union. In a memo raising 38 objections to the proposal dated Jan. 26, 1974, CDF reported that it and several groups had been denied requested copies of the Violence Center proposal. The Southern California Psychiatric Society has criticized the plan, and an attorney has been retained by the NAACP, United Farm Workers' Union, National Organization of Women, California

Mental Patients' Liberation Project

Mental Patients' Liberation Project is a nationwide network for mental patients with chapters in 25 other cities and a new one in New Orleans. Their stated objective is "termination of the oppressive psychiatric practices in this city."

In their first local announcement, the group proclaimed "We are only as crazy as society would like us to be, and it is time we stand our ground and say, 'No more, find another scapegoat.'" The group says it opposes "the degrading psychiatric label of 'therapy'" as a power play "involving the infiltration of a psychiatric vocabulary in our society." Psychiatry is "slowly squeezing the breath out of every person it contaminates," they add.

For further contact with the group, write P.O. Box 15472, New Orleans 70175.

Prisoners' Union, and numerous other groups.

Minority interest in psycho-surgery is perhaps best explained by reference to an MCHR white paper on psycho-surgery issued prior to a recent conference of their own on the subject of "Medicine and Social Control": "Examination of the victims of psycho-surgery indicates that its use is guided not by rational medical principles, but by racist, sexist, and economic factors. Earlier practitioners of psycho-surgery claimed it to be most effective in the elderly, women, blacks, and those with 'simpler occupations.' This is clearly because the criteria for success is the ability of the patient to return to his former activities and be productive. Since women and blacks in this society generally have the most menial and lowest-paying jobs, they obviously 'recover' most frequently." Neurotic housewives and hyperactive children are other favorite psycho-surgery targets—and all received their due attention in the Violence Center's proposed workplan,

CDF notes.

CDF criticized the dependency of Center experiments on inmates, the lack of appropriate safeguards, including civilian review procedures, the participation of the suddenly-controversial Dr. Ervin in these proposed activities, and so on. It noted that LEAA Research and Operations Director John A. Gardiner had severely criticized several deficiencies in the proposal, and that several persons connected with the project had resigned in protest of its failings, even though Mrs. Kathryn L. West, Ph.D., the wife of the project's director, is listed in the proposal as a center workperson.

On Feb. 14 of this year, LEAA was finally prevailed upon to call a halt to further use of anti-crime money for behavior modification, psycho-surgery, and other medical research "except as part of routine clinical care, and physical therapy of mental disorders," including, of course, all the controversial work proposed for UCLA. Diane Bauer, the CDF spokesperson who led that fight, told the *Courier* last week, however, that she believes that the UCLA violence Center's work is continuing, with funding patched together from California state and federal funds. "They won't give up," she says, and neither will CDF: "We will continue to monitor government projects of this kind, particularly those funded by the National Institute of Mental Health (NIMH)."

NIMH has provided a lot of funding to Tulane and Dr. Heath (Ms. Bauer confesses, somewhat embarrassed after we explain some of his activities, that she had never even heard of Dr. Heath), and is currently wrestling with the National Institute of Neurological Diseases and Stroke (NINDS), over which group's report will become official policy for the Department of Health, Education, and Welfare. According to *Psychiatric News*, the official newspaper of the American Psychiatric Association, the NINDS report recommends that "evidence is so far inconclusive as to efficiency" as HEW's position on biomedical therapy of violent behavior—but it still advocates continuing research. NIMH suggests the possibility of a two-year moratorium on psycho-surgery, a national registry of patients, and a ban on all psycho-surgery on involuntarily confined individuals.

Meanwhile, on Feb. 15, the American Psychological

continued



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Dr. Heath

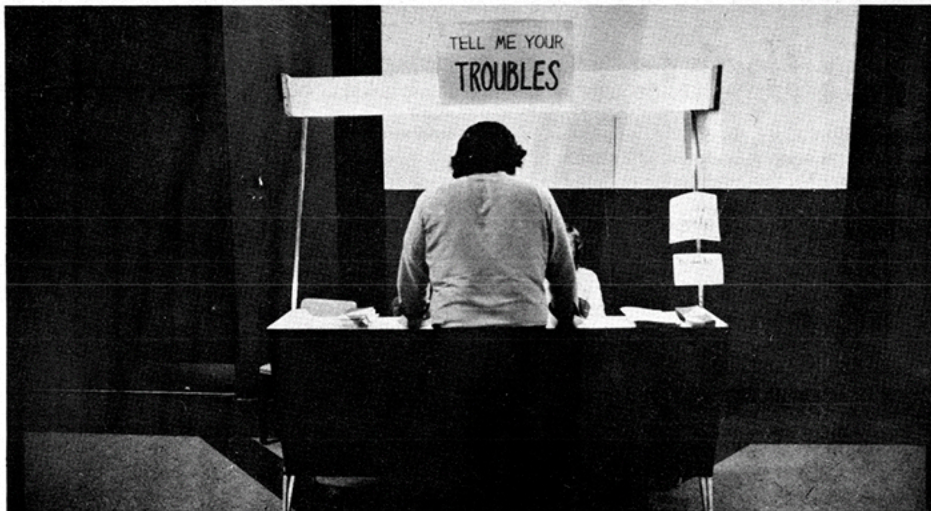
concluded

Association (which is convening in New Orleans this week) criticized LEAA's restrictive actions for "equating all behavior modification with the 'Clockwork Orange' type of aversive conditioning" and called for re-opening funding to psycho-surgical tests. There are 38,000 members of the APA whose incomes could be adversely affected by any LEAA funding restrictions, and CDF's Bauer charges that APA officials have admitted issuing the LEAA press release principally on that basis—without even reading LEAA Director Donald E. Santarelli's psycho-surgery guidelines first, Bauer goes on to charge!

Meanwhile, it looks like the Clockwork Orange Gang is headed for a scrap with the Congress over funding and regulation. Yale's Dr. Jose M.R. Delgado, perhaps the country's most outspoken psycho-surgery extremist, has proposed funding for what Dr. Breggin calls "a giant, billion-dollar government investment in mind control" and advocates "a complete education program, from infancy and nursery through adulthood, and mass education for the indoctrination of the people into a respect for physical control of the mind." Dr. Delgado in his own recent book, *Physical Control of the Mind*, aims toward no less goal than the mastery of "the so-called will" and attacks the notion that man has "the right to develop his own mind." Concludes Delgado, "This kind of liberal orientation has great appeal, but unfortunately its assumptions are not supported by neurophysiological and psychological studies on intracerebral mechanisms."

The Congress has been considering several pieces of psycho-surgery-oriented legislation just recently, including a proposed 11-member HEW Commission to develop guidelines and oversee all biomedical and behavioral research involving human subjects. The American Psychiatric Association Task Force on Psycho-surgery, however, has taken a position against any Congressional limitations of psycho-surgery. A bill has been introduced in the House which would prohibit the operations in federally-connected health care facilities, but its fate is uncertain.

Sen. Sam J. Ervin, Jr., of North Carolina, chairman of the Senate Subcommittee on Constitutional Rights, suggested the LEAA moratorium to Santarelli in a January letter, but because of other burdens delaying the Congress, Ervin's subcommittee has not yet been able to hold its originally scheduled hearings. A second round of letters



CONVENTION: A scene we snapped at the registration area for the American Psychological Association's meeting.

between the subcommittee and LEAA was exchanged in June, and Sen. Ervin's retirement will apparently lead to a cancellation of the hearings. A preliminary report, however, is expected in late September. Meanwhile, Sen. J. Glenn Beall (R., Md.) has proposed a total psycho-surgery moratorium, but, as has been the case with all the other regulatory proposals, no corrective actions of any real substance have yet occurred.

* * *

In this relatively brief overview report on the subjects of Dr. Robert Heath, Tulane University, and the general field of psycho-surgery, we believe more questions have been raised than answered. Among the most important of these:

Why is the State of Louisiana charging mental patients fees that are used to finance dangerous experiments on their persons by Dr. Heath and his peers at a wealthy, private New Orleans university? Why is that university refusing to disclose full details of these and other human and animal experiments for the public and press, and why is it that Tulane's apparent press "friends" at the *Times-Picayune* have not seen fit to report the details of some of marijuana researcher Dr. Heath's other controversial experiments? Why is Tulane giving refuge to these activities

in the first place?

Can any of the multiple professional and public supervisors that should normally be expected to monitor these activities (for example: the State Board of Medical Examiners, recently so embroiled in the Delta Women's Clinic abortion controversy) produce any credible evidence of instances where Dr. Heath and his colleagues have been prohibited from carrying out any of these experiments or disciplined for their mistakes? When can we expect some sort of outside, independent investigation into these "research" activities, investigations that can ascertain their consequences—especially their consequences to the current health of at least 133 East Louisiana State Hospital patients and 58 brain implantees (as of 1968), and God knows how many other people? Given Dr. Heath's apparently cozy relationship with the New Orleans psychiatric establishment, the medical schools, and the government—upon whom shall we depend for an investigation whose reports we can believe?

If these matters cannot be resolved in the immediate future with full disclosure and accountability to the press and public, then might we not at the very least hope to see Dr. Heath summoned to Washington to explain his behavior to the Congress?

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