Quantitative evaluation of operative procedures

After 40 years of psychosurgery, some agreement on the matter of its efficacy might reasonably be expected. It is clear, however, that no such consensus exists. While several factors have contributed to the continuing controversy surrounding psychosurgery (many of these will be discussed in later chapters), the equivocal nature of psychosurgical data is surely of crucial importance. In the absence of adequately controlled and evaluated studies, contention is inevitable. As The British Medical Journal (1971) observed:

Prefrontal leucotomy is a subject on which opinions are divergent and firmly held. The divergence is not surprising in view of the lack of knowledge. It is an astonishing fact that in the 25-year history of leucotomy, during which more than 100,000 patients must have been operated on, no prospective controlled trial has been carried out to compare its effectiveness with non-surgical treatment. (p. 595)

An editorial in the Canadian Medical Association Journal (1964) was even more scathing:

... of the 4000-odd publications concerning lobotomy to date, a ridiculously small number have paid even lip service to experimental design, adequate sampling procedures, control of the variables involved and other salutary statistical cautions. (p. 1228)

Psychosurgeons themselves are similarly given to declarations regarding the need for better designed research. However, when these pronouncements
emanate from reports or studies of questionable scientific worth, they seem merely to lend artificial respectability to otherwise dubious conclusions concerning the efficacy of the particular psychosurgical procedure in question. Certainly, psychosurgeons invariably ignore their own good advice.

Thus, in spite of such statements of intent, the haphazard and poorly controlled approach persists. Uncertainty is inevitable. As the *British Medical Journal* attested:

Where do these studies leave us? The only impartial answer to this question must be, "In a state of uncertainty." Now the Royal College of Psychiatrists has been formed, let us hope that it will encourage the thorough investigation of these promising but unproved forms of psychiatric treatment. Perhaps the new royal college could join with the Royal College of Surgeons in arranging a prospective trial. (p. 596)

This challenge was indeed taken up by the new body. A Report of the Research Committee of the Royal College of Psychiatrists (1977) "Proposal for a prospective controlled trial" outlined the reasons in favour:

At a time when financial considerations are of increasing importance, it is worth emphasizing the cost-benefit aspect of this study. A negative result would cause substantial saving by producing evidence that the treatment was ineffective. A positive result would, on the other hand, produce an even greater saving by extending the use of an effective treatment to many more, thereby relieving a financial burden on the patients' families and the state. (p. 177)

Indeed prospects for a controlled trial of psychosurgery in Britain seemed excellent. The Report of the Research Committee listed a number of contributing factors:

The patients are there, the Health Service provides an appropriate setting for the selection of patients and their treatment by different methods, and the trained research personnel are available. Indeed, it is conceivable that Britain is one of the few countries in which it is possible to conduct such a trial today because all these factors are present together and political interference in clinical matters is absent. (p. 177)

However, the controlled trial was never initiated, and the present prospects, in Britain at least, seem bleak. Further, even if a properly controlled trial were started, it would be years before the full results became available. The Royal College suggested that the trial would possibly be completed within three years. However, they envisaged a follow-up of only one year. As we shall indicate later, a much more protracted follow-up would be needed to properly assess the long-term effects.

Alternative methods of large-scale assessment have been tried. A survey would certainly appear to be a less contentious means of evaluating psychosurgery. This would involve writing to the various centres where psycho-