

ffp
ord.

Variable 1/4 step vibrato with lower auxiliary note. Shape indicates relative speed of vibrato

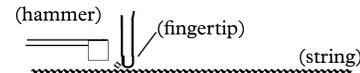
spr stim.
f

Sprechstimme

Piano:

piano harmonic

To produce harmonic, lightly touch string with with a finger tip of LH, and strike note with RH.



Mute indicated string(s) with LH and play note with RH

Found text, sources

About 50,000 people received lobotomies in the United States, most of them between 1949 and 1952. About 10,000 of these procedures were transorbital lobotomies. The rest were mostly prefrontal lobotomies. Dr. Walter Freeman performed about 3,500 lobotomies during his career, of which 2,500 were his “icepick” procedures. He began advocating and promoting the procedure in the late 1940’s as a treatment for everything from schizophrenia, mild paranoia, unruliness, behaviors that we would likely associate with Autism today. Though less intrusive and destructive than earlier methods, the transorbital lobotomy was facilitated by drilling through a thin portion of the skull which lay behind the eye balls, and then using fine tools to remove small arts of the brain. Many soldiers who returned from W.W. II with traumatic brain injuries and mental health issues were “treated” with Freeman’s new “miracle cure”.

The texts herein were taken from two primary: American Journal of Psychiatry, Vol. 105, No. 10; April 1949,—wherein transorbital lobotomies were advertised and procedurally outlined—; and a 1949 “Care pamphlet” that the Veterans Administration had provided to caretakers of veterans who had had lobotomies performed on them, which contained information for what to expect from the recently treated vets and how the caretaker might manage the patient.

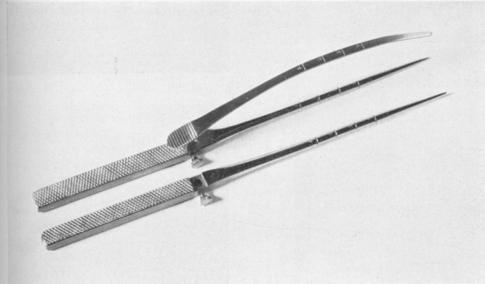


FIG. 1.—View of transorbitome with and without extension arm.

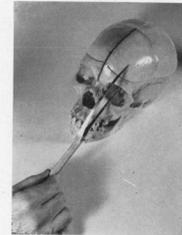


FIG. 2.—Position 1, 4 cm. mark opposite rim of upper eyelid; instrument parallel to midline.



FIG. 3.—Position 2, tip of extension arm 1 cm. medial to parallel position.

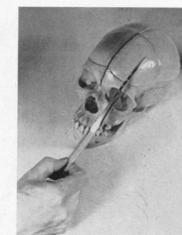


FIG. 4.—Position 3, 7 cm. mark opposite rim of upper eyelid; parallel position.



FIG. 5.—Position 4, tip of extension arm 2 cm. from upper rim of orbit.



FIG. 6.—Position 5, tip of extension arm 3 cm. from upper rim of orbit.



FIG. 7.—Transorbitome knife inserted into orbit.

DEPARTMENT OF MEDICINE AND SURGERY
VETERANS ADMINISTRATION
 WASHINGTON 25, D. C.
Dec 15, 1949

YOUR FILE REFERENCE:
 IN REPLY REFER TO: LOEBA

TO: Manager

SUBJ: Instructions on home care following leukotomies

1. There are enclosed copies of the instructions on home care following leukotomies, which are being furnished relatives of patients who have undergone this operation at the VA Hospital, Tuscaloosa, Alabama, when such patients are granted trial visit or are discharged. X

2. This office is of the opinion that these instructions, which were prepared by the Social Service Department at Tuscaloosa, are excellent and should be of benefit in furthering the interests of your own patients who receive this type of treatment.

HARVEY J. TOMPKINS, M.D.
 Chief, Psychiatry and Neurology Division

DEC 25 12 44 PM 1949
 X 806
 X 760
 X 760 Tuscaloosa Hosp
 X 766 " "

FILE
 DEC 13 1949
 DEPT. OF MEDICINE AND SURGERY
 VETERANS ADMINISTRATION

History
Psychiatry and Neurology
11/19/50

<u>HE MAY DO THESE THINGS:</u>	<u>WHAT YOU CAN DO ABOUT IT:</u>
2. Some neighbors may be curious about what has happened to him; may tease or question him.	If you will tell a few close friends about your relative they will probably help you with him. Your friends can be asked not to tease or question your relative and will probably help the rest of the neighborhood to understand.
3. He may wish to sit for hours listening to the radio, looking out the window or doing nothing.	Give him something to do. You may have to pull him out of the chair. He will probably complain, but if you are firm and kind he will do as you suggest.
4. Like a child he may not see the jobs that need to be done.	Give him one job to do at a time, such as: wiping the dishes, dusting the table, etc.
5. He may stop working before the job is finished.	After he has rested a few minutes, insist that he go back to work. He may say he is too tired, but you will know whether he is or not. You may find that a change in jobs will hold his interest.
6. He may show little interest in pleasures or activities he enjoyed before he got sick.	This does not mean that he no longer knows how to do these things. You can help by putting near him or into his hands, games or handwork. You may have to try several different types. Do not argue with him or nag.
7. He may say anything that "pegs into his head," thus embarrassing you.	When you are alone with him remind him to be more careful. There may be times when you have to correct him in public, but do not nag him about his mistakes. His feelings are not easily hurt, but he will not like to be told repeatedly about mistakes.
8. He may complain about you and may get angry and want to quarrel with you.	Whatever you do, do not lose your temper. His "mad spell" will not last long, as he can easily become interested in something else.
9. He may be stubborn.	Try to get him interested in something else. Like a child he is interested in games and contests. Joking with him will be very helpful.

2.

molto rall.

121

Musical score for measures 121-124. The system consists of a vocal line and a piano accompaniment. The piano part features a complex texture with triplets and a large slur over the right hand. The tempo marking **molto rall.** is present above the piano part.

a tempo

♩ = 74

125

Musical score for measures 125-128. The system consists of a vocal line and a piano accompaniment. The piano part includes dynamic markings **f**, **mp**, **p**, and **pp**, and a **ff** marking in the vocal line. A **fi-gure five** marking is present below the vocal line. The tempo marking **a tempo** is present above the piano part. Pedal markings are shown at the bottom of the piano part.

16

*unvoiced/in the throat.
as if clearing the throat or choking
—with a hard-H ending.*

130 *f* *ord. ff* *mp* *f* *ord. mp*
uh'uh' uh' uh' stop— He may He uh' He may (hard H)

f *p* *f* *ff* *f* *p* *f* *pp*

Ped. Ped.

135 *ff* *ord. ffpp* *ff* *ff* *ord. fp*
sto - p p p uh' uh' sto - p p uh' stop - -

p *ff* *f* *pp* *f* *ff*

mute with LH Ped. w LH

141 *fp* *ff* *pp* *fff* *ffp* 17

(ah) - - (p) "I won't" I won't I won't I won't—

p *ff* *mp* *f* *ff* *mp* *mp* *3*

Ped. mute w LH Ped.

146 *f* *mp* *f* *f* *ffpp*

t - t ha a - a - a be pa - tient fi - gure six (sss)—

fff *fff* *f* *f* *ffpp* *p*

150 **ff** **ff** **subito** **rall.** $\text{♩} = 90$

po - si - tion five—

ff **mf** **p** **f** **mp** **pp** **ppp**

Red.

155 **a tempo** $\text{♩} = 72$ **soto voce** **mp**

be pa - tient

a tempo $\text{♩} = 72$ **f** **pp** **p**

Red. →