



DEPARTMENT OF  
MEDICINE AND SURGERY

VETERANS ADMINISTRATION

WASHINGTON 25, D.C.

*Dec 15, 1949*

YOUR FILE REFERENCE:

IN REPLY REFER TO:

10EDA

TO: Manager

*History*

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

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GENERAL INVESTIGATIVE DIVISION

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DEPT. OF MEDICINE AND SURGERY  
ARREARS

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## HOME CARE FOLLOWING LEUKOTOMY

The hospital can understand that you may have many questions about the effects of a prefrontal leukotomy on your husband, wife, son or daughter, and that you may be wondering what you can do to help. Before such an operation is performed, the doctors have tried every type of treatment possible. In spite of treatment your relative failed to improve enough for you to take him home. After a great deal of study and with your consent, the prefrontal leukotomy was performed and we now believe your relative is ready to go home.

For the past weeks, the doctors, nurses, attendants and other hospital personnel have worked very closely with your relative, preparing him to live with you. He is well physically. He has learned how to get along with a group of people. He has learned again toilet habits, table manners, how to dress himself. We have kept him busy. Now we feel he is able to go home with you and begin learning how to live in his own home. We do not expect you to have any trouble with him, but you may find that he does not act as he did before he got sick or before the operation. Before the operation he may have wanted to be alone all the time, may have been sad or depressed; now he may want to be with people and may be quite happy even silly. Before he may have worried constantly, now he may not seem to care about anything that happens. Before he may have tried to fight other people, but now although he may become angry he does not seem to need to fight. In some cases he may act like a young child, be cross, irritable, fussy, but with your help these actions may disappear after a time.

We cannot say that he is completely well. Only time can tell you that. So, we are asking that you help him. If you are willing to help there are two very important things to remember:

1. You will need a great deal of patience in working with him.
2. He will need to be kept constantly busy.

Experiences of other families may give you an idea of how you can help. We have prepared a list of actions which you may or may not see in your relative. There is also a list of ways or methods you can use to speed his recovery. Please do not look for all the actions listed. It is quite possible that he may not react this way at all. However, if he does do some of the things on the list, perhaps our suggestions will help you to help him in his return to good health.

### HE MAY DO THESE THINGS:

1. Some families have said, "I am taking him home for a good long rest."

### WHAT YOU CAN DO ABOUT IT:

He does not need a rest. If he is allowed to stay in bed or to sit around the house doing nothing he will get worse and probably have to return to the hospital. He needs to be kept busy, and to be slowly given responsibility.



HE MAY DO THESE THINGS:

2. Some neighbors may be curious about what has happened to him; may tease or question him.
3. He may wish to sit for hours listening to the radio, looking out the window or doing nothing.
4. Like a child he may not see the jobs that need to be done.
5. He may stop working before the job is finished.
6. He may show little interest in pleasures or activities he enjoyed before he got sick.
7. He may say anything that "pops into his head," thus embarrassing you.
8. He may complain about you and may get angry and want to quarrel with you.
9. He may be stubborn.

WHAT YOU CAN DO ABOUT IT:

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.

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.

Give him one job to do at a time, such as: wiping the dishes, dusting the table, etc.

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.

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.

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.

Whatever you do, do not lose your temper. His "mad spell" will not last long, as he can easily become interested in something else.

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.



#### HE MAY DO THESE THINGS:

10. He may still hear or see imaginary voices or people, or may repeat over and over foolish actions.
11. Like a young child he may say, "I won't" to everything you suggest.
12. He may not want to get up in the morning, and may even want to stay in bed all day.
13. He may not go to the toilet in time and may wet or soil his clothes.
14. Once he gets to the toilet he may wish to sit for hours.
15. He may look himself in the bath room.
16. He may wish to bathe or play in the tub for hours and at the same time may not get himself clean.
17. He may not wish to dress. He may put on only a part of his clothes. He may not be modest about himself. He may not care about his looks.
18. He may be willing to wear any "old rag" or insist on buying more clothes than he needs or can afford.

#### WHAT YOU CAN DO ABOUT IT:

These voices and actions made him most uncomfortable before his operation. Now he may talk about them but they will not bother him as before. In time he may forget them entirely. You can help him by giving him something new to do.

If you will joke with him, offer him something new, talk about something else, he will probably forget his "I won't." In some cases you may have to "make" him do what he is told. For example, he must not be allowed to stay in bed.

Be firm. Insist that he does get up. You may have to pull the covers off.

Be patient. Take him to the toilet as you would a child. You might make him wash his soiled clothes.

When you think he has been on the toilet long enough insist that he get up. You may have to pull him up. You may try flushing the toilet.

Do not leave the key in the door.

After a long enough period in the tub, insist that he get out. You may let the water out of the tub. Get him interested in his clothes.

Encourage him to dress himself. Help him when necessary. Praise him when he looks well. Insist that he put on all of his clothes and is neat. You may have to make a game or contest of dressing.

If you are interested in and proud of his appearance, he will gradually improve as he will want your praise. If he wants to buy too many clothes, be firm and refuse to give him money.



HE MAY DO THESE THINGS:

19. He may eat too much, asking for or taking two and three helpings of food.
20. He may sit at the table for long periods without eating. He may, like a child, chew his food but not swallow it.
21. He may have forgotten his table manners and snatch food or eat with his fingers.
22. He may spend too much money.
23. He may drink to excess.
24. There is usually very little change in his interest in sex.
25. A very small number of patients have had attacks similar to epileptic seizures.
26. You may find him masturbating. (Playing with himself.)
27. He may not tell the truth.
28. He may curse and use vulgar words.

WHAT YOU CAN DO ABOUT IT:

If he is gaining too much weight, serve him yourself and put small amounts of foods that are fattening, such as potatoes, desserts, etc., on his plate.

Remind him to finish his meal. Try to give him food that he likes.

Point out his mistakes, but do not nag him. Praise him when he does well.

Do not give him full control of his money until he is able to spend it wisely.

It will take a smaller amount of alcohol to make him drunk now than it did before. Do not let him drink at all.

If he is overly demanding, the wife can try controlling him by reason but may have to resort to a flat denial to defend herself. If a woman, care must be taken at first so that there is no chance she become pregnant.

If such an attack occurs see your doctor. He can give your relative medicine which will control or prevent these seizures. Do not let him have alcohol.

Do not scold him, but give him something to do.

Show him that you know he is mistaken and tell him the truth.

If you will not notice his "bad" words, he will probably stop using them. If you try to force him to stop he may continue, as that makes you pay attention to him.



HE MAY DO THESE THINGS:

29. He may want to drive a car.
30. He may be abrupt in speech or manner, saying and doing things that hurt your feelings.
31. He may be lazy.
32. He may never seem to get tired.
33. He may have lost all timidity and shyness.
34. He may not use good judgment, or plan wisely.
35. He may not seem to feel bad or become unhappy when there is trouble or sadness in the home.
36. He may not seem to have any ambition or try to get ahead.
37. When will he be well?

WHAT YOU CAN DO ABOUT IT:

- He should not be allowed to drive.
- Be patient. Arguments will not help. This trait may stay with him.
- Be patient. Keep him as busy as possible. This may not improve.
- Be patient. Try to keep him from over working. This may not improve.
- Be patient. Try to understand as this may not improve.
- Be patient. Try to help him with his plans.
- You will not want him to be sad, but you may find it hard to understand why he does not show as much grief or concern as he did before. Be patient, as this may not change.
- Be patient, as this may not change.
- We cannot answer this question. Some people will be able to live outside the hospital, but will need constant supervision. Others will be able to help around the house within a few weeks and take outside employment within three months to two years. A return to employment will indicate relatively complete recovery. We cannot emphasize too greatly that you must be patient and that he must be kept busy.

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