

scendo, diastolic murmur was heard for the first time along the left sternal border.

We elected to discontinue the lincomycin therapy and treat the patient with intravenously administered clindamycin, 900 mg every eight hours, for a total of six-weeks. He promptly became afebrile, and all blood cultures drawn during and after antibiotic therapy were sterile. A serum inhibition test was performed on serum obtained one hour before a routine infusion of 900 mg of clindamycin. A 1:128 dilution was bacteriocidal for the infecting organism. Serum obtained two hours after an infusion of the drug was bacteriocidal in a dilution of greater than 1:1024.

Congestive heart failure appeared during antibiotic therapy, but responded promptly to sodium restriction, digitalis, and diuretics. Cardiac catheterization revealed wide-open aortic insufficiency and left ventricular volume overload. An elective aortic valve replacement was performed 12 weeks after admission. The valve was found to be calcified, all three cusps were ulcerated, and a perforation was present on one leaflet. Routine and L-form cultures of the valve were sterile.

The patient had an uneventful recovery and was discharged to the outpatient clinic.

Comment.—The clinical response of this patient to clindamycin was comparable to that seen with penicillin. The results of serum inhibition testing during treatment, serial blood cultures, and cultures of the valve removed at surgery confirmed the efficacy of the drug in this patient. Clindamycin would appear to be an acceptable alternative to penicillin in the treatment of a penicillin-allergic patient with pneumococcal endocarditis.

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Psychosurgery

To the Editor.—THE JOURNAL (225:916, 1973) described me as "Undoubtedly the one person most responsible for politicizing psychosurgery. . . ." In this and a succeeding article (225:1035, 1973), the writer defends lobotomists and psychosurgeons and promotes their work as pure science unhappily corrupted by political attacks. Nothing could be further from the truth. The psychosurgeons offer no more scientific evidence than they did in the first disastrous wave of lobotomies and as early as 1967 at-

tempted to gain public and congressional support for their work by linking it to political fears of violent ghetto uprisings and assassinations. I only entered the political arena as a counterforce to their own strenuous political campaign.

Drs. Mark, Sweet, Ervin, and Delgado were featured (1968) in a cover story in *Life*.¹ On the cover are pictures of Sirhan Sirhan and Earl Ray with the headlines, "The Two Accused," and "The Psychobiology of Violence." The article itself described how "a young science offers insight and a potential remedy for a worried society."

This was part of a concerted effort to link their work to political fear. Mark, Sweet, and Ervin published a letter in THE JOURNAL (201:895, 1967) attempting to show that brain disease was a major factor in ghetto riots, an allegation without scientific merit that has since brought them serious criticism from the black community.² Mark and Ervin followed this letter with an article describing their surgery in which they state that brain disease is "equally important" to political, social and psychological factors as a cause of civil disorder and political unrest.³ Even as recently as 1972, Drs. Sweet and Mark have continued to affirm statements linking their work to the control of racial problems.

This political orientation was again manifested when Drs. Mark, Ervin, and Sweet went directly to Congress and the Justice Department for funds to support their efforts to predict and treat violence. In projects that were coordinated to work together, Dr. Ervin was awarded \$200,000 and Dr. Mark \$500,000 to be spent through the National Institute of Mental Health. Thus, they bypassed customary peer review methods for obtaining funds by going directly through a political route. Nonetheless, they ultimately ran into peer resistance when the Massachusetts General Hospital rejected the brain surgery part of their research. Both grants have since been killed or dropped in response to public and professional criticism.

It is untrue to say that I am the man responsible for making psychosurgery into a political issue. Rather I am the person, now joined by many others, who has led the fight against those who have turned psychosurgery into a political issue.

I do not have the space to review and counteract the various personal innuendos made against me or the many false statements attributed to

me in THE JOURNAL'S news articles. I have written so much about these issues that anyone can readily find out what I have to say by reviewing the literature or writing to me for the materials.

But I must respond to the attempt to make the patient Thomas R. appear to be a success story. This patient, whose treatment involved Drs. Mark, Ervin, Sweet, and Delgado, was operated on in 1967, when he was stimulated for many months with indwelling electrodes and finally subjected to electrical coagulation. I have read his records and interviewed him, his family, and related professionals. Since his surgery he has been almost continuously hospitalized, carries a diagnosis of brain damage and schizophrenia with a poor prognosis, is chronically deluded and hallucinated, lives in constant terror that the surgeons will again control his mind, and is frequently so violent that he requires sedation, a locked ward, and even restraints. All this developed after surgery. Prior to surgery he had worked as an engineer, had never required psychiatric hospitalization or restraint, and never had a diagnosis more serious than "personality pattern disturbance." All the hospital records clearly relate his personal disaster to the surgery.

Your news articles quote roughly a dozen proponents of psychosurgery, all of whom have been subjected to professional criticism, and cite me as the only opponent. It is amazing that, given this lopsided situation, all federal funding of psychosurgery has been stopped; state funded projects in California, Missouri, Oregon, Michigan, and Virginia have been called off; a number of professional groups, including the American Orthopsychiatric Association and the Medical Committee on Human Rights have criticized psychosurgery; neurologist Robert Grimm has written a brief against psychosurgery for the American Civil Liberties Union; and a three-judge panel in Michigan has declared psychosurgery unconstitutional in the state hospitals.

Numerous data and bibliographic references on psychosurgery are available from the writer.

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