

CADET SLOUCH by Jim Earle

Psychiatrist charges

'Brain mutilations' performed



"After I read this, I realized that you had mistakenly handed in a letter to your girl instead of your theme. Have you considered fiction as a career?"

In Detroit

Mistaken identity leads to death

DETROIT (AP) — A Wayne County sheriff's deputy was killed and three deputies were wounded Thursday by Detroit police officers in what officials described as a tragic case of mistaken identity.

The shooting came after three cruising police officers broke in on five off-duty deputies and a civilian playing cards in a second-floor apartment on Detroit's West Side.

The civilian, Richard Sain, 32, who lives in another apartment in the building, said an unidentified man shouted through the open door, "Police!" and started firing.

"Then they began beating everybody," he charged. "They didn't stop until they found out

they were deputies by their badges."

There was no immediate comment from authorities on Sain's charges.

In an early morning joint news conference, Detroit Police Commissioner John Nichols and Wayne County Sheriff William Lucas had agreed that the shoot-out was a "tragic mistake."

Preliminary questioning, they said, indicated that each side believed the other started shooting first.

Deputy Henry Henderson, 40, of Detroit, was fatally wounded in the shooting; Deputy James Jenkins, 29, of Detroit, was critically injured with bullet wounds in the head, arm and abdomen;

HOUSTON (AP)—A psychiatrist charged Thursday that American surgeons are performing 400 to 600 brain "mutilations" a year for the purpose of controlling aggressive behavior and emotions among disturbed persons, some of them as young as five.

Dr. Peter R. Breggin, a Washington, D.C. psychiatrist, said that a "new wave" of behavior-control brains, such as lobotomies, are being performed even though they have little demonstrable value.

Breggin made the statements in an interview at a symposium here of Neurosurgeons, many of whom were subjects of his attack. He is scheduled to confront the doctors Friday in a presentation at a symposium.

In the interview, Breggin said the operations, called psychosurgery, are being performed on "people who have relatively intact personalities" solely for the purpose of making them less aggressive.

Many of the operations, he said, are being performed on hyperactive children, some of whom are only five years old.

"The doctor puts electrodes into the hypothalamus (a part of the brain) and finds areas of hyperactivity," said Breggin. "Then he

coagulates that area. Then the children become quiet and easy to manage."

The coagulation is performed with heat and, in effect, kills that part of the brain, he said.

"To mutilate them in order to calm them down is a terrible thing," Breggin said.

Psycho-surgery enjoyed wide use in institutions three decades ago, he said, but declined in the late 1950s.

"We're just at the beginning of a second wave," he said. "The first one took 50,000 victims."

Neurotic women in their 40s and 50s, he said, are the largest group receiving the operations.

"A woman is more subject to any type of pressure you can put on," he said. "A man will put up with a very brain damaged housekeeper."

Some of the operations, he said, are being performed under a U.S. Department of Justice grant designed to develop a method of screening out people who are prone to violence.

"A return to lobotomy is a part of the return to law and order," Breggin said.

The psychiatrist said the operations have proven of no real value in most cases.

"You can't help a man by putting a defect into his personality," he said. "It's like treating a car which has a knock by firing bullets into it. Lobotomies are partial abortions on living individuals."

Psycho-surgery, he said, had largely been confined before to patients "from the back wards" of institutions, but now patients receiving the procedure are often only neurotic.

Mutscher trial

(Continued from page 1)

bank reserves considerably below their average and added: "I was never able to convince Mr. Sharp that banks should have reserves. He never understood."

The defense spent three hours cross-examining state Rep. Charles Patterson of Taylor, often linked with the anti-Mutscher group called the "Dirty 30."

The balding, intense legislator, his eyes flickering nervously, finally declared at one point: "I didn't want to come out here. I did not want to get involved in this trial. I am not taking sides in the trial."

He repeatedly denied membership in the "Dirty 30," a coalition of Republicans and liberal Democrats which opposed Mutscher during the last legislative session.

"I have never made the claim that I was a member of any group," he said in response to a series of questions aimed at the political alliance.

Patterson earlier testified Shannon told him the banking bills would create a state insurance deposit corporation "in lieu of" the Federal Deposit Insurance Corp. (FDIC).

Shannon's statement, the witness said, came at a meeting of the House Committee on Banks and Banking one day before the bills won legislative approval.

The defense contends the corporation would have provided insurance "in addition to" the federal program, not in lieu of it.

The state has argued that Sharp sought the legislation as a vehicle to free his bank from

what he considered unduly harsh scrutiny by federal examiners.

Patterson said there was "a little confusion" concerning the objectives and mechanics of the bills and that he disapproved of the "hasty" manner in which they sped through the legislature.

He said he subsequently voted against the legislation.

On cross-examination, Patterson said there was nothing "irregular" or "sinister" about passage of the bills, although the speed of passage "struck me in a negative way."

The defense tripped Patterson up on a number of points through introduction of House records, but lawyers did not pursue the "in lieu of" controversy.

Marine selection team to be here

A Marine Corps officer selection team will be on campus next week to interview and test students interested in working toward commissions.

Capt. W. E. Lucas of Austin heads the group which will operate an information booth in the Memorial Student Center Monday through Friday.

The captain also will meet with members of the A&M Semper Fidelis Society at 7:30 p.m. Tuesday in Room 145 of the Physics Building.

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Portable 'intensive care' unit may be used on cardiac cases

SAN ANTONIO, Tex. (AP) — An Army team revealed Thursday a demonstration model of a tiny device which they say can be implanted in a cardiac patient to guard his heart like a portable intensive care unit.

Developed at Ft. Monmouth, N.J., it is designed to automatically monitor the heart, detect lethal rhythm irregularities and return it to its normal heartbeat.

The device, about the size of a woman's powder puff, is particularly aimed for use in remote areas such as military field hospitals or small towns where monitoring equipment is unavailable.

Two Army medical officers and a civilian research scientist said the computerized device has been successfully tested in dogs and should be ready for human use within a year.

An external device that will perform the same functions is expected to be completed by the end of June, they said.

It was the brainchild of Maj. Leo Rubin, chief of medicine at Ft. Monmouth's Patterson Army Hospital, who said he first began experimenting with the idea while a resident at Montefiore Hospital in the Bronx, New York.

"It's almost like an implantable, miniaturized cardiac intensive care unit," he said in an interview here Thursday.

Rubin said he believes it ultimately will eliminate the constant monitoring of heart patients in cardiac wards. It also will allow for early transportation of critically injured patients without the need for coronary intensive care nurses or cardiologists accompanying them, he said.

Using a demonstration model several inches larger than the battery-powered device, Rubin showed how it works:

Connected to a special catheter threaded through the jugular vein to the right ventricle of the heart, it monitors the heartbeat with miniaturized computer circuits.

When the heart goes into fibrillation — wild and discordant tremors—the device will shock the heart with a powerful electrical charge that will bring the heart to a standstill.

If the heart does not return to normal by itself, the device will call into action a built-in pacemaker that will restore the normal heartbeat.

Large machines in hospital cardiac units now perform the same tasks, Rubin pointed out.

...John R. Moffitt



The Battalion

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