After a cursory review of lobotomy literature, at the beginning of the summer when I started this project, I was convinced that everything about lobotomy has already been discovered and addressed. A quick search Google Scholar of the word “lobotomy” revealed 22,300 results. I slowly trudged my way some through articles not finding anything particularly any interest. I was further disillusioned after hearing that the Osler Library would be closed due the fire damage, limiting our access to special collections. After accepting the reality of the situation, I learned to adapt and make the best of out of the existing resources, digitally, remotely, or within the network of university libraries that I had access to.

Having worked in both clinical and bench side research set-ups, I’ve felt within these setups discovering answers was often more natural because there was greater control over certain variables. The scientist controls or manipulates the variables as they see fit. Considering this was my first research experience concerning the history of medicine, I didn’t have much control over the “variables” so to speak, I had to lay out the material I found systematically and assess the likelihood of a particular event.

The online chat availability of a librarian was one of the most helpful features that I found in the process. It was almost like having answers at your fingertips. Sometimes I found that resources were not available when I searched on my own but were available when I submitted my request to the librarian. Some of the print material had to be explicitly requested as it was not acessible on the shelves and often the librarians knew the timline of how long it would it take, which was helpful in the planning process.

I grew as a researcher when I started paying attention to the bibliographies and following up footnotes, and references, specifically in the theses of several graduate students work at McGill University published in the early 1950s. I subsequently reached out to other experts in the field, which was extremely helpful regarding concerning critical analysis. One particular challenge I faced was the differing terminology to explain the same concept. For example, I learned that different countries, different hospitals, and different physicians often used words to describe the same psychosurgical procedures. Psychosurgery was continually evolving over the decades, along with new techniques and the development of adequate instrumentation. Thus, my search methodology in databases was often expansive and not only limited to the word “lobotomy”, although that was my primary focus for the paper. I only learned this after speaking to an expert in the field, Brianne Collins, who completed her dissertation at the University of Calgary on lobotomy in the province of Ontario.

I also was very fortunate to have conversations and exchange ideas with Yvan Prkachin, a doctoral student at Harvard University, who also investigated the role of lobotomy in Quebec. Our 30 minute Skype meeting, quickly turned into a two-hour conversation as we went back and forth reviewing primary sources such as the annual reports, and trying to make sense of what happened the way it did. Having particularly fruitful conversations with individuals that are interested in the same topic, can ironically be a very energizing experience (even though it often means more work because you end up refining how to ask better questions). I finally had the momentum and confidence to move at full speed, that I lacked at the beginning of the project. Our conversations personified the papers I was endlessly flipping through: namely the original theses of several McGill University graduate students who helped in the development of the veterans affairs hospital lobotomy and the annual reports of Montréal Neurological Institute.

While I did have an incredible opportunity to explore primary/secondary resources, along with digital archives, print books, and collections at both McGill and George Washington University, the process of interacting with someone directly affected by the practice lobotomy is something that I will forever value. Listening to Rod Vienneau’s testimony, was a privilege and has changed me on a fundamental level. Our conversations forced me to reflect on the following questions: “What kind of things are endorsed today by the medical community, that may cause more harm than good?” “How can I be sensitive to such issues”? “How do I delineate between what’s real and false”? “As a future physician, how do I prevent myself from apathy?”. These are all questions, that have catapulted me into a journey of further self-discovery and curiosity. Rod’s testimony has heightened my social conscience, and I will continue to share Paul’s story, not for the sake of sensationalizing history and alarming individuals, but rather for reflection. It is my sincere hope, as a society, together, we develop immunity to the adage of “history repeating itself”.