Skafte: A "Symptom-Free" Murderer

Part II F. H. Kahan[1]

Abstract

Stephen Skaite's story is that of a violent young man who was not diagnosed schizophrenic until after he was charged with killing a 14-year-old boy, although he had been seen by Saskatchewan government psychiatrists since he was 10. The events leading up to the murder are related in Part I, which appeared in the **Journal of Orthomolecular Psychiatry,** *Volume 2, Number 4, 1973.*

[1] 2716 Sinton Avenue, Regina, Saskatchewan, Canada S4S 1K1. *Schizophrenia, Maw Murder, and the Law, by F.

H. Kahan, Journal of Orthomolecular Psychiatrv, Volume 2, Number 3, 1973.

The Trial

Stephen's trial began May 19, 1971, in North Battleford, Mr. Justice C. S. Davis presiding. The plea was not guilty by reason of insanity.

As in the Hoffman case,* Dr. A. Hoffer of Saskatoon and C. E. Noble, QC, North Battleford, for the defence, went through a seminar on schizophrenia for the jury and applied the information to Skafte's case.

The testimony of two North Battleford government psychiatrists is given here, in part, as it appeared in the court records, and Dr. Hoffer's comments are given in brackets.

The first psychiatrist to take the stand for the prosecution was Dr. N. G. Nair of the Saskatchewan Hospital, North Battleford. His duties as Director of Therapy involved coordination of all treatment programs. He was also Director of the Mental Health Clinic.

Dr. Nair had received his medical degree from India. He had a Master of Science degree in psychiatry from the University of Michigan, was a certified psychiatrist in Canada, and had a fellowship with the Royal College of Physicians and Surgeons of Canada. He was a resident in psychiatry at University Hospital, Saskatoon, from July 1, 1967, to June 30, 1969.

Dr. Nairtold the court he had seen Stephen several times during the month he had been in the hospital, February 2 to March 3, when he was discharged in custody of the Royal Canadian Mounted Police. The last time Dr. Nair saw him was May 18, the day before the trial. He had most of the medical records available to him when he examined Stephen, including those from the MacNeill Clinic in Saskatoon, the Munroe Wing in Regina, and Dr. Nykyforuk in Hafford.

His testimony follows, Mr. Millar, Prosecuting Attorney, examining:

Q. Now at any time during the time you were dealing with Mr. Skafte did you go into conference with any other psychiatrists with regard to Mr. Skafte?

A. Before he was discharged from the hospital we had a staff conference where Mr. Skafte's case was discussed. All the medical staff were there.

THE COURT: Just a minute. When was he discharged? March 3rd?

A. Yes, that's right, Your Honour.

THE COURT: The shooting took place on the 30th of January, 1970?

A. Yes, he was in the hospital from February 2, 1970.

THE COURT: After the shooting?

A. That's right.

THE COURT: I want to get this clear. He was discharged from the hospital, was he?

A. On March 3rd.

THE COURT: Well, where did he go?

A. He was released to the R.C.M.P. and I understand he went back to ...

THE COURT: Where has he been ever since?

A. He was in custody. He was released to the R.C.M.P.

THE COURT: Would you have released him out? I wouldn't think so.

A. No, he came to our place on a Court Order so he was released to the Court.'

Q. Now near the end of that month, I take it, that you had a conference with the other psychiatrists, is that right?

A. That's correct.

Q. How many doctors were involved at that time at that conference?

A. Around about twelve to thirteen doctors.

Q. These would be staff doctors from the Saskatchewan Hospital?

A. They are all staff doctors.

Q. And at that time Mr. Skafte's case was discussed?

A. It was discussed.

Q. Was he present?

A. He was present. It was discussed. This is a policy of the hospital. Whenever there is a difficult problem or any problem case we discuss it with all the doctors.

(Dr. Hoffer: Diagnostic conferences in mental hospitals are generally an exercise in futility. The psychiatric staff, most of whom have not completed their training in psychiatry, listen to a brief recitation of the history by the physician in charge. Sometimes a more senior physician may also see the patient. The presenting doctor, having come to a diagnostic decision, can usually present and withhold information so as in most cases to persuade most members of the conference of the correctness of his diagnosis. However, he will usually yield to the opinion of the Superintendent of the hospital. Then a vote is taken in a democratic fashion, as if the majority must be correct. Most psychiatrists who have worked in and fled from mental hospitals are well aware of these tiresome, useless, wasteful, and costly exercises in futility.)

Q. Now doctor, initially I am going to ask you for your own opinion of Mr. Skafte's condition from what you observed and then I would ask you also to compare your own opinion with that of the conference.

MR. NOBLE: My Lord, I don't think I can let my learned friend go that far. He is not going to get in the back door what he can do by calling all those doctors.

MR. MILLAR: I will try the first question.

Q. After your dealings with Mr. Skafte throughout the period, what was your diagnosis of his condition?

A. When I first saw him in jail I was not able to form an opinion so I requested the Court at that time that I would like some time to observe him so we observed him for about a month. We did all the investigation I felt was adequate including the x-ray skull, EEG., psychological testing, blood sugar estimation and after that I felt that Mr. Skafte had a mental disorder what is called a personality disorder of aggressive type. I formed this opinion from all the previous history and further observations I made and all the investigation we carried out in the hospital.

THE COURT: Personality what?

A. Personality disorder, aggressive type. This is a clear-cut diagnosis approved by the International Society of Psychiatric Disorders. This is characterized by poor impulse control, very little frustration tolerance, very little things could aggravate the person and make him violent. He could be dangerous to himself and others. This could be caused by several — there may be different causes. Brain damage is a possibility. Epileptics will have this factor and also fairly emotional deprivations or deprivations of any kind could produce this. This was my impression.

Q. Now dealing with that what you speak of, that disorder, does it have any relation to or is it different from a diagnosis of schizophrenia?

A. It is different but there are some similarities. Both are mental disorders. Otherwise this is quite different. His previous history of running away from home, the aggressive behaviour to animals and other people, previous violent episodes, suicide attempts, these all point out to this diagnosis.

Q. I take it you sat through the evidence of Dr. Hoffer, is that correct?

A. I did.

Q. As far as access to medical records such as the previous doctor indicated, did you have access to the same records?

A. I think I had. I had most of the information.

Q. I take it that his diagnosis was schizophrenia. Would you set out your position as opposed to his position?

THE COURT: That is not the proper way to put it. You are suggesting that the witness is opposed to him. The witness has not said that.

Q. What do you have to say about Dr. Hoffer's diagnosis on the basis of your diagnosis and what he came up with?

A. It is my personal opinion that schizophrenia is considered a biochemical disorder but nobody hardly knows what it is. There could be many causes, many manifestations. Many people call schizophrenia many conditions. My concept of schizophrenia may be quite different to the concept of someone else. I follow the standard textbooks in psychiatry. According to this concept of schizophrenia there should be clear-cut thinking disorder, clear-cut disorders of emotion or disorders of volition, also the person will be withdrawn and away from reality. This is the criteria I use for diagnosing schizophrenia as written in most of the textbooks. With this concept I was not able to make the diagnosis of schizophrenia. I thought the mast appropriate diagnosis will be personality disorder of aggressive type.

Q. Now I take it that you are aware of the fact of the shooting with regard to the Pearson family, Mr. John Pearson and his son?

A. Yes I do.

Q. And dealing with that incident and dealing with the rules that the Court has with regard to mental illness, what are your feelings with regard to the accused Skafte's ability to appreciate the nature and quality of the act of the shooting?

A. It is my — I felt that he has a disorder of the mind but he was able to appreciate the nature and quality of the act and also he did know what he was doing. This was my opinion.

Q. Now the second side of the rule — would

you give your opinion as to what you thought Mr. Skafte made of whether what he did was morally wrong or not, as far as the shooting of the Pearsons is concerned?

A. I had talked to him extensively about this. In fact, one thing I forgot to mention is while he was in the hospital I had also interviewed him under sodium amytal, commonly called truth serum. Under this condition the person's resistance will be lowered and he will be able to talk more freely about what happened. From this I thought that he was able — he knew that what he was doing was wrong. THE COURT: In what sense?

A. In the moral sense. This is something he should not do but he did it. This could be explained through the mental disorder. He has a mental disorder but this was my opinion that he knew what he was doing.

Q. When we get in to say that he knew what he was doing I am particularly interested in at what time? Was it during the sequence or after the sequence or both or which?

A. My opinion is that he knew at the time of the incident.

Q. And what about the other aspect of him knowing it was morally wrong, was that before, after or during or when was that?

A. I think that — I feel that he knew before, at the time and after.

THE COURT: Doctor, can you give us any example of a case where a person would not know according to your definition?

A. For example with a psychotic person he may shoot somebody thinking that they are some animal.

THE COURT: We are trying cases all the time where people shoot people thinking they are moose.

A. This is not just an impression. This they believe. It is not what you mention or you said when they go hunting and there is some movement and think it is a deer and they shoot them. It is not this. The person will see this, will believe this may be an animal or they may feel that I am doing it to protect myself because the other person is going to kill me.

THE COURT: I know what you are talking about. That is a section of the Criminal Code but that has no bearing on this case here.

A. Another example is there may be a voice telling him. Sometimes he has no control over his actions. He had to do it because the voice told him. This is an example.

(Dr. Hoffer: This is an interesting step. Dr. Nair gives as an example a case where a person would not know he did wrong, "There may be a voice telling him ... He had to do it because the voice told him." But later on he refuses to admit that the accused's voices had any relevance even though they told him to kill.)

THE COURT: What type of disorder would you characterize that?

A. Mostly psychotic behaviour. Schizophrenia is one example, toxic psychosis. During epileptic fits they could do this. After an epileptic fit there is a stage they could do this.

Q. Have you had access to the findings or the opinions of Doctors Prasad, Silzer and Chapman in connection with Skafte?

A. I have.

Q..Could you give us. your impression of those findings?

THE COURT: I don't know if you are able to put it that way. You are asking him to assess the views of another doctor and I don't think the law permits you to do that.

MR. NOBLE: The fact is My Lord, that those doctors examined him long before the event.

MR. MILLAR: I think Dr. Hoffer said five or six years of schizophrenia. I wonder if I could put it this way.

Q. Doctor, would you compare the findings of Dr. Hoffer that you have heard today with the — let's say particularly starting with the information he had available to him from Dr. Chapman?

A. I don't know whether I could do it because my concept of schizophrenia may be

quite different to what Dr. Hoffer is saying, so there may be some difference in this.

THE COURT: Were you trained under the English system or under the Canadian system?

A. I am trained in Detroit and also the University of Michigan and also the University of Saskatchewan.

Q. From your reading of Chapman's findings was there any indication of schizophrenia at that time to you?

A. I did not think so. Dr. Chapman saw him several times while he was in Regina. He had made several suicide attempts at that time. He was very depressed. This goes along with my feeling that this is a personality disorder of aggressive type. These people could be aggressive to others or aggressive to himself. It is quite a normal pattern. They could hurt others or hurt themselves.

THE COURT: And still be sane?

A. They have a mental disorder but they are not insane.

THE COURT: How do you distinguish? We are just laymen.

(Dr. Hoffer: This question was never answered satisfactorily because the psychiatric witnesses were confused with their role. Were they legally trying to determine innocence or guilt, or were they psychiatrists determining the presence or absence of mental illness? The jury and judge did not have any difficulty deciding that the accused was mentally ill.)

A. When I say "mental disorder" under this comes all psychiatric categories, but when we say "insane" I understand that he should have a disease of the mind which renders him incapable of knowing and appreciating the ...

THE COURT: Not "knowing." That's English law. There is a change in this country and the word "appreciate" was deliberately put in there. There is that vast distinction between "knowing" and "appreciating." Do you understand that?

A. Yes, I do.

THE COURT: I didn't want to interrupt but I think it is very important that we have that distinction made.

MR. NOBLE: I certainly intended to ask him about it.

THE COURT: There is authority right on it.

MR. NOBLE: Yes.

THE COURT: All right, you deal with it then.

MR. MILLAR continues examining:

Q. Now from your reading of the findings of Silzer and the information available to him, can you indicate to the Court what you think of Mr. Skafte's condition that you would see through those findings?

A. Mr. Silzer did a psychological testing and his testing on MMPI testing there is a possibility the person could be schizophrenic, but usually the psychological testing are not taken as such. You have to take into consideration the whole picture including the personality, past history and the mental status. Just by the psychological testing nobody diagnoses. I didn't feel that the suggestion of schizophrenia at that time — it was not taken seriously at that time and I don't now take it seriously. Many tests may show many abnormalities and some other brain damage conditions. This testing on normal population, this could show some abnormalities but as such you can not take it seriously and diagnose somebody.

(Dr. Hoffer: Unfortunately, many psychiatrists do not take any psychological opinion seriously unless it coincides with their own.)

Q. Going on to the information available through Dr. Prasad, would you give us your comment on that information and what you saw from that?

A. I understand that Dr. Prasad saw Mr. Skafte when he was hospitalized following the shooting incident of his sister.

THE COURT: Excuse me for interrupting but where is that doctor?

A. He is in British Columbia now.

MR. NOBLE: I don't think my learned friend can ask him to give an opinion of Dr. Prasad's

opinion.

MR. MILLAR: The reason in asking that question is that Dr. Hoffer commented on the records supplied by Mr. Noble of Prasad's opinion.

THE COURT: There was ground work laid for that. I think you will have to lay similar ground work here, not ask him what his views are on another doctor's opinion. You can ask him, did you have available certain records and from those records what conclusion did you arrive at. I think you can go that far but no farther.

Q. Did you understand that, witness?

A. Yes, I did.

Q. Would you comment on that?

A. Before I made my conclusion, my decision, I had access to all these chaps including Dr. Prasad and this only strengthened my diagnostic position because at that time also it was felt that Mr. Skafte has an impulse disorder. He has difficulty controlling this. He could be dangerous to himself or others. This Mr. Skafte himself has told me several times, many times he can not control himself. Even he mentioned that if he is sent to jail he may kill himself or perhaps he might hurt others so Dr. Prasad only strengthened my position.

THE COURT: In your view where should he be? Where should he be in your opinion?

A. Mr. Skafte?

THE COURT: Yes.

A. My opinion is Your Honour these kinds of cases they are very resistant to treatment. Usually there is some immaturity. As a person grows older some of his behaviour will diminish. As such I don't think any treatment could much help him. We could treat him but we could not help him much.

(Dr. Hoffer: There is very little hard evidence that psychopathic behavior really lessens with age until physical infirmity reduces the options for violent action. Orthomolecular therapy does help these patients recover, or to use Dr. NaiKs reasoning, produces rapid maturation.)

THE COURT: I asked you, in view of what you know about him where should he be?

A. It is my personal opinion he should be in a prison hospital.

THE COURT: In a prison hospital?

A. There is no such thing in Saskatchewan, I understand, but this is the ideal place for these people. This is my opinion.

THE COURT: Would he not be all right over in your institution?

A. I don't think the kinds of treatment we could offer could help him much. We could tranquillize him with heavy doses of medication. That's all we could do.

Q. Do you feel that Mr. Skafte could function — I am not saying in society — but somewhere without tranquilization?

A. If there is not much frustration, not many people pushing him around, with all the conditions in the place then he could function.

Q. Supposing you had a place where you could take away the frustration and pressure you speak of, would he need any medication?

A. I cannot say definitely. Chances are he would require very minimal medication or no medication at all.

Q. I take it that your only solution at the Provincial Hospital here would be to heavily tranquillize him?

A. That's right because the hospital we have is not geared for management of this kind of people.

Q. When you speak of Mr. Skafte being in such a condition that he would harm himself or someone else, how would that relate to your present hospital situation here at the Saskatchewan Provincial Hospital?

A. It will be very difficult in our hospital to manage him because now most of the wards are kept open and there are some people who could provoke others and I feel that if Mr. Skafte is under these circumstances he could lose his control.

MR. NOBLE: Isn't all this irrelevant? I don't know what difference it makes to the case whether he should be in this hospital or the

one in Weyburn or in Ontario.

THE COURT: I want to make the point whether the Doctor thinks he should be out in society or in a hospital. He is mentally disordered, isn't he?

A. Yes, he is mentally disordered and I don't think he could function properly in society. He will have to be somewhere where he could control himself for the protection of himself and others.

MR. MILLAR: I think that is all the questions I have My Lord.

Court adjourned 5.45 p.m.

May 21, 1971 - 9.30 a.m. Jury polled — all present.

DOCTOR NAIR IN WITNESS BOX. MR. NOBLE cross-examining.

Q. Dr. Nair, at the outset of your evidence yesterday I believe you said that you had seen the accused on four occasions, once while you had him in the hospital for a month and on three occasions after that?

A. That's right.

Q. Now on these three latter occasions he came to you, did he not, as a result of the police bringing him over to get some medication?

A. That's right.

Q. So that what really happened was that the police phoned you and said, "He came to us from Prince Albert without his medication."

A. That's right.

Q. "And we want you to look at him and prescribe something."

A. That's right.

Q. And even at that is it not true that in your note, your progress note of May 13th, he reported to you that he was having suicidal tendencies?

A. May 18th?

Q. April 13th, 1970?

A. That's right.

Q. If I could just — just follow your notes there — could I just read this to you. I perhaps better have you identify this so I am not reading something that — this is a copy of your progress note of April 13th?

A. That's right.

Q. Is your signature on it?

A. That's right.

Q. Did you report at that time as follows, in the middle of the fourth paragraph: "He was in a cell by himself and for a few days he felt fairly good. Afterwards he was down-in-the-dumps and he was feeling miserable. He tried to hurt himself. He pulled out his nail but he did not feel any pain and later he tried to strangle himself." He reported that to you?

A. He did.

(Dr. Hoffer: A schizophrenic symptom, not a psychopathic symptom. The inability to feel pain has been described for many schizophrenics and they have themselves described it when they recovered.)

Q. So it would appear that he was not only depressed at that time but he had suicidal tendencies, right?

A. That's right.

Q. So the last three of the four times you saw him were really just to prescribe medication?

A. To see if he required medication and in fact I prescribed medication.

Q. And indeed you prescribed medication on Monday of this week, didn't you?

A. Tuesday, May 18th.

Q. Now Doctor, when you examined the accused in the hospital in February and March, or February mostly of 1970, you had a psychological test done by John Cray?

A. That's right.

Q. Do you have that report there?

A. Yes, I have.

Q. It is the normal thing for you to have him (the psychologist) do a psychological test on the accused?

A. That's right.

Q. It is part of your over-all assessment?

A. It is.

Q. Now did the psychologist in his report set out that the accused had told him that he was hearing voices and he was hearing voices on the day that the shooting took place?

A. Yes.

Q. And do you have the report there?

A. Yes, I have.

Q. Let me ask you, is this what the report said: "He spontaneously talked about a voice which started to call his name three days before the incident."

A. Yes.

Q. The incident we are talking about there is the shooting?

A. Yes.

Q. "He looked for the person calling his name and could not find anyone. He felt the urge to get the gun and this voice would say to him, 'Later.' At the time of the incident the voice said, 'Go ahead.' He made it clear that this voice was not just his conscience but an external stimulant."

A. Yes.

Q. Is that the report of the psychologist?

A. This is the report as given by Mr. Skafte.

Q. It was part of the material that you had in front of you?

A. That's right.

Q. Doctor, did you know that the accused also told the police a matter of hours after the incident, within a matter of a day or less than a day, that he was hearing voices that day?

A. That's right.

Q. Did you have the police report in front of you?

A. I don't have. I agree he was hearing voices. In fact he told me. I am not questioning that.

Q. He told you that he was hearing voices?

A. That's right.

Q. Do you not agree that the hearing of voices is a clear symptom of schizophrenia?

A. It could be a symptom of schizophrenia but this is one of the least important things to
diagnose schizophrenia.

(Dr. Hoffer: The witness is forced to admit voices were present. He had not volunteered this information before.)

Q. What is the hearing of voices that you can't see? Is that a delusion?

A. It is a hallucination.

Q. You say that a hallucination is not clear evidence of schizophrenia?

A. It could be a symptom of schizophrenia but by itself nobody, practically nobody, should diagnose schizophrenia.

Q. I asked you if that is not a symptom of schizophrenia?

A. It could be.

THE COURT: Doctor, it could be or it is?

A. Your Honour, it is a symptom of schizophrenia but what I am explaining is by itself nobody should diagnose schizophrenia.

THE COURT: That is just what Dr. Hoffer said. You have to take the whole picture. Mr. Noble asked if it is and you said it could be. Is it a symptom of schizophrenia?

A. What I mean Your Honour is that you could have schizophrenia without hearing voices. This is what I mean.

THE COURT: We know that from Dr. Hoffer. Q. Surely if you hear voices it should put you on your guard that it might be schizophrenia? You will certainly consider that?

A. I will consider that.

Q. Now, have you since read the report of the accused's confession to the police, the one in his own handwriting?

A. Yes.

Q. Have you read that?

A. I have not read that.

Q. Let me read what he said, and I am reading My Lord from the typed copy which the jury will have.

THE COURT: Let the jury have the copy now if you wish. They all can read, they are intelligent people.

Q. Members of the jury, I am reading from

about a quarter of the way down the first page: "John was looking over the feeding I did when I was going to kill him." Dr. Nair, John was John Pearson.

A. Yes.

Q. "I went back and got the gun and took it outside behind the barn because John was coming and something was telling me not to do it yet." A clear indication that he was hearing voices.

A. I agree.

Q. Later on he said, a few lines down, "Then I went into the barn and was going to commit suicide. So I went behind the barn and got the gun back in. But something was saying not to kill, wait and kill the rest when they got home." Is there not a great similarity in what he told the police and what he told you?

A. Yes, that's the same thing he told me.

Q. It is essentially the same thing?

A. Right.

Q. There is not much doubt that if he told you some months later that he was probably telling the truth when he told it to the police?

A. I saw him the day after, in jail, and at that time I particularly asked him about hallucinations and he denied that. It may be that he did not know me or maybe that he was very anxious and that may be the reason that he did not tell me, but later on he told me, frankly he told me that he heard voices but what I am saying is, hearing voices could be so many other conditions, any acute stress reaction. If you are going to do some violent act, there is something in your mind, many times trying to prevent you, normally called conscience, also when somebody is in solitary confinement or somebody who is sensory deprived it is quite common — explained in all the standard text books in psychiatry — that hearing of voices and seeing a vision is quite normal under these circumstances.

(Dr. Hoffer: This is incorrect. Sensory deprivation has produced a few minor illusions. There are no reports of the production of voices. Nor is it generally accepted that even unusual stress produces voices. Starvation, exposure and other physically debilitating conditions may produce a delirium. It was never shown Skafte suffered any delirium.)

Q. It is also quite normal and a common symptom of schizophrenia as well?

A. It is.

Q. Now if you will look at your report, you have already told us that the accused spoke of these voices to you at the time of the event and you, as I understand it, have diagnosed him as a personality disorder, explosive type.

A. Yes, that's right.

Q. Do you not also say in your report, and I refer you to page four, that he is symptom free. Now what do you mean by that? Do you mean that he has no symptoms of mental illness?

A. Which report are you looking at?

Q. The one of March 18, 1970, under the heading, "Psychiatric Statement," you reported him as symptom free. Do you mean by that that he had no symptoms of mental illness whatsoever?

A. No, I mean he had no conducive psychosis. He was anxious, if you take it very broadly. When I refer to "symptom free" I am referring to psychotic behaviour.

Q. You say that there was no evidence of psychosis at all?

A. There was none.

Q. You say that there was no evidence of psychosis when you examined him in the hospital, is it possible that when the accused is in one of these explosive rages that he gets into, that he at that point is in a psychotic state?

A. It is quite possible but my opinion is that it is quite unlikely.

THE COURT: What would you call that? Tell us as laymen what that is.

A. Somebody who has difficulty controlling his temper. Ordinarily all of us, if we are get-

ting angry, we may have wishes to hit somebody or hurt somebody or even kill somebody but most people can control it but some people who have poor impulse control will not be able to do it. This is what I mean Your Honour.

THE COURT: They are not insane?

A. They are not insane because in psychiatric sense I will say they are insane but I have referred to the medical legal insanity.

(Dr. Hoffer: This is the nub of the confusion. The witness prefers to call the accused legally sane even though he conceded he is psychiatrically insane. He has determined never to let the words "disease" or "psychosis" be applied but voices no objection to "disorder." One can sympathize with the sense of confusion and frustration of the learned Judge.

(It is hard to understand why the witness is unable to equate mental disease with mental disorder. This is not a problem in physical medicine where a liver disease and liver disorder are considered two different ways of saying something is wrong with the liver.

(The Saskatchewan Mental Health Act RSS 1965, Chapter 345, an act respecting mentally disordered persons defines mental disorder "as meaning mental illness, mental retardation, psychopathic disorder or any other disorder or disability of mind;" mental illness is defined as a disorder of mind other than psychopathic disorder or mental retardation that results in a disturbance in a person's behavior or feelings or thought and conversation.

(And that results in mental distress or impaired ability to associate with others, or results in a person's inability to react appropriately or efficiently to his environment and in respect of which medical treatment is advisable.)

Q. This is the problem, doctor, you diagnosed him on a medical legal basis, didn't you?

A. Yes. As a psychiatrist I will say that he has a mental disorder. There is no question about it.

Q. When he goes into one of these rages he is, in fact, psychotic at that point?

A. I won't say psychotic. Even without these rages he is mentally disordered, even without.

Q. So psychiatrically speaking he is mentally disordered.

A. There is no question about this. I agree.

Q. Not only when he goes into the rage but he is mentally disordered right now?

A. He is.

Q. Now just for the benefit of the jury what does "psychotic" mean?

A. "Psychotic" means it is a severe form of mental abnormality or mental illness where there are quite unrealistic ideas. They may have very bizarre ideas, they may have thinking disorder, they may have inappropriate emotional disorder, mood changes, and they may have withdrawal from reality. They may be confused. They may have very poor memory. They may be disoriented. They may not know where they are, or...

Q. Sometimes, am I right doctor, that in these circumstances they do bizarre things?

A. They do.

MR. MILLAR: My Lord, the witness wasn't finished his answer. He already said they do bizarre things. I wonder if he could be allowed to finish his answer to the question my learned friend has just asked him.

MR. NOBLE: I am sorry, I thought he was finished.

Q. Were you finished?

A. Almost finished. I am going to say that he may have some ideas of persecution. He could have hallucinations. He could have — it is a very broad area but with one of these we will never diagnose somebody. We should have a combination of these.

Q. Finished?

A. Yes, I have.

Q. Now I have suggested to you that it may be possible that in one of his uncontrollable rages the accused, in fact, is at that point in a

psychotic state?

A. It is possible but I personally don't think he was.

Q. You agree that people who are in a psychotic state may often do very bizarre and very violent things?

A. They could do.

Q. Do you agree that this accused has a long history — in fact a history that spans most of his lifetime — of doing violent things?

A. I know. I agree.

Q. And you still say that in your opinion when he killed one person and almost killed the other, that he did not, in that bizarre act, he was not in a psychotic state?

A. He was not. Could I explain Your Honour?

THE COURT: I think maybe we are at cross purposes here. Did I understand you to say Doctor that you evaluated this man solely on the McNaughton rules?

A. No, I am not. I evaluated him according to the Canadian law.

THE COURT: Section 16 of the Code?

A. Section 16 of the Code.

THE COURT: May I read you this and it may clarify this. I don't know whether you have read this book. It is Swarden on the Detention of the Mentally Disordered.

A. I have not read that.

THE COURT: Well you should get it. I will read you a statement from this. "Under the Canadian statute law a disease of the mind that renders the accused person incapable of an appreciation of the nature and quality of the act must necessarily involve more than mere knowledge that the act was being committed but it must be an appreciation of the factors involved in the act and the mental capacity to measure and foresee the consequences of the violent conduct."

A. That is what I am referring to Your Honour.

THE COURT: You say that this man at the time he was alleged to have shot the boy he was able to measure and foresee the con-

sequences?

A. This is my opinion Your Honour.

THE COURT: He was able to measure and foresee the consequences?

A. He was able to measure and foresee the consequences of the victim and himself.

Q. You say that despite that he did it anyway?

A. Yes.

THE COURT: Well why would he do it then.

Q. If he was able to foresee, why did he do it?

A. May I explain this Your Honour. With all the symptoms, initially when I saw him in jail I had strong suspicion of schizophrenia but there were many other conditions which could give this clear picture. For example, epilepsy is another condition where he could have a similar behaviour. Another condition is the personality disorder of aggressive type. This is another picture where he could have a similar symptom. This is the reason I asked for time for observation and I did several tests, including the sodium amytal test. The sodium amytal test — one of the purposes is if somebody who is schizophrenic and is not manifesting this under sodium amytal interview the schizophrenia symptoms will be manifested very clearly. This I was able to do. Also I was able to observe him for a month. The nurses were able to observe him very closely and only after this I made this opinion. In the initial diagnosis I had talked about schizophrenia, I had but...

{Dr. , Hoffer: The total observation was several hours. To suggest that there was 24-hour observation is absolute nonsense. Few psychiatrists accept a sodium amytal interview as being of any value in diagnosing schizophrenia.)

Q. You very seriously considered it.

MR. MILLAR: Let him finish.

A. I had considered schizophrenia and also epilepsy and that's why I did all the testing and after the testing and looking at the whole history and picture I did not think that he was

schizophrenic. He was a personality disorder. He is mentally disordered. He has a personality disorder of aggressive type. This was my impression. These people are unable to control their impulses but at the time of this act they could understand and foresee the consequences to the victim and to himself.

THE COURT: Are you seriously telling us that this man with his history and what he did could sit down and rationalize and foresee what he was doing and understand the consequences?

A. I think so. I might...

THE COURT: Now just a minute. I want to try and clarify this a little further. The author to which I made reference goes on and deals with the Royal Commission held in England not too many years ago and this statement appears: "The McNaughton rules are no longer in harmony with medical knowledge and furthermore judges themselves vary greatly in the interpretation of them. In my opinion there are many different forms of mental disorder, all of which equally should exonerate a person from a charge of criminal conduct. For example melancholia, schizophrenia, paranoid state, general paresis, senile dementia, epilepsy with insanity, and many others. In many of the above cases the individual's mind is sufficiently clear to know what he is doing but at the same time the true significance of his conduct is not appreciated either in relation to himself or to others." Would you agree with that?

A. Yes, I agree with that. I ...

THE COURT: Doesn't that cover this man's state?

A. I did not think so.

THE COURT: He doesn't come within any of these categories?

A. No.

MR. NOBLE: My Lord, he is a personality disorder.

THE COURT: I haven't been able to appreciate what that means.

A. I could show you what I mean by that. It is just a small paragraph. May I read it?

THE COURT: Yes.

A. "This behaviour pattern is characterized by gross outbursts of rage, are of — or physical aggressiveness. These outbursts are strikingly different from the patient's usual behaviour and he may be regretful and repentant for them. These patients are generally considered excitable, aggressive and over-responsive to environmental pressure. It is the intensity of outbursts and the patient's inability to control them which distinguishes this group." This is what I am referring to.

THE COURT: Doctor, I can understand that but can you find anything in any of these statements which would indicate that he regrets what was done?

A. Your Honour, if I may. I am not disputing he is mentally disordered but he was able to, even two or three days before. He had thought about this. He had some doubts about this. Many times he wanted to do it but something in himself prevented him, then this afternoon happened. Why he thought about this before and something prevented him. What is it? He knew that what he was doing, he knew and appreciated that what he was doing was wrong. He knew it could hurt that person, could harm that person, could kill that person.

THE COURT: Just a minute Doctor. You say he knew that?

A. He knew and appreciated.

THE COURT: He was told by some strange voices not to do it at those times. Is that not the case?

A. This is partly.

MR. NOBLE: May I go on My Lord?

Q. Doctor, you said you put the accused under sodium amytal?

A. I did.

Q. And that's rather loosely called sometimes "truth serum"?

A. It is usually called but it is not quite true.

Q. It is not really correct to cal I it that?

A. No.

Q. You said it lowers a man's resistance and he is liable to tell you things a little more freely?

A. That is right, a little more freely.

Q. You reported that, didn't you, in your progress report or separation note of March 31st?

A. Yes, I did.

Q. Do you have that there? Am I correct when I say that is what you reported and I am reading from a copy of the report. "He had a sodium amytal interview which did not reveal anything other than what he had expressed previously."

A. Yes, that is right.

Q. "He stated that many times he has a feeling of losing control and felt like hurting someone else or himself."

A. That's correct.

Q. "And he was afraid that he might do the same thing again. Also indicated that if he had to stay in jail most probably he would kill himself."

A. That's quite true. He told me himself.

Q. Even in his weakened condition he talked about killing other people or at least having suicidal tendencies?

A. What I mentioned previously was that he did not show anything else other than what I obtained without sodium amytal. This only confirms my diagnosis because most schizophrenics which may not manifest the clear symptoms, under sodium amytal will show clear symptoms of schizophrenia. This he did not.

Q. Well when he talks about suicidal tendencies or the tendency to hurt other people is that not a symptom of schizophrenia?

A. It could be. It could be a symptom of so many other...

THE COURT: Well, is it?

A. It could be. That's all I can say because there may not be any of this tendency in schizophrenics.

THE COURT: That is not the point Doctor.
The point is could it be or is it a symptom. Not maybe taken by itself, it is not conclusive but is it not a symptom?

A. It is a symptom when you take it with other important symptoms but by itself it can not be considered.

Q. It is one symptom, that's all we are saying.

A. It could be one symptom.

Q. Now you said that he had a personality disorder of the explosive type?

A. Yes.

Q. But I note in your report that your prognosis — and a prognosis is a future prediction?

A. That's right.

Q. You said in your report that he was, if I understand it correctly, that he was a personality disorder, explosive type, was guarded.

A. That's right.

Q. Now what does that mean? Does it mean you are not quite sure that is the right diagnosis?

A. No, it is not. If you look at the history of some of these people who had this problem, the majority of the people will remain the same way and will have the same kind of symptoms until they have matured enough or grown up. It may be thirty or forty years. This is I mean guarded. When I say "prognosis good" it means it could be treated or symptom free; when I say "guarded" it is not — exceptionally maybe one or two in a hundred he could feel better.

Q. You say he may grow out of it?

A. Yes, exceptional cases.

Q. Have you got your report there? "Guarded because of a history of impulsive behaviour and lack of control. It is my opinion that the patient could be dangerous to himself and others in the future and he might grow out of this when he is somewhat older."

A. I agree.

Q. Would you have released him back into

society?

A. I will not.

Q. You wouldn't then and you wouldn't now?

A. I will not.

Q. You released him because you knew he was going into the custody of the police?

A. That's right.

Q. Now I want to talk to you for a moment about some of the things — you heard the evidence of Dr. Hoffer and I want to talk to you for a moment about some of the things that the accused said to him, and he told us some of the things that the accused said to him. For example, he told Dr. Hoffer that he was hearing voices and I think he also told you that?

A. Right.

Q. You have already agreed that that could be a symptom of schizophrenia?

A. It could be.

Q. Is depression not also a symptom of schizophrenia?

A. It could be.

Q. Is lack of control of your emotions not also a symptom of schizophrenia?

A. It could be.

Q. Is the tendency — and I asked you about this before — is the tendency to harm yourself or to harm others, is that also not a possible symptom of schizophrenia?

A. It could be.

Q. If a person says that other people are watching him all the time is that not some evidence of schizophrenia?

A. It could be.

Q. You heard that he told that to Dr. Hoffer?

A. Yes, he told me also.

Q. If the police are keeping you under constant surveillance, if that is what the patient tells you, is that not also a symptom of schizophrenia?

A. It could be.

Q. If the patient believes that people are always talking about him, is that not a symptom of schizophrenia?

A. It could be.

Q. If he believes that people are against him, that people are plotting against him, is that not a symptom of schizophrenia?

A. It could be.

Q. Now did he tell you all these things?

A. He did, he told me all these.

Q. So that there was some evidence then and you seriously considered the possible diagnosis of schizophrenia yourself?

A. Yes, I did but may I go on? To diagnose schizophrenia there should be two or three major symptoms. Without this you can not, you should not, diagnose schizophrenia according to all the standard textbooks. These are thinking disorder, disorders of emotion. These are the two major symptoms of schizophrenia. Without these, none of the textbooks say that you should diagnose schizophrenia. This is what I am following.

(Dr. Hoffer: The witness is quite correct in demanding thought disorder as a condition for diagnosing schizophrenia. However, the problem is that there are no generally acceptable definitions of thought disorder. It may be considered to have two main aspects. One is the disorder in the process of thinking. The patient may be so ill that he cannot put together his ideas or words in any logical or coherent fashion. His thinking may be too fast so he cannot keep up with his thoughts. It may be too slow. He may suffer from words which insert themselves into his flow of thoughts or from words dropping out before he can use them. There is no end to the number and variety of changes which may occur.

(Usually this kind of thought disorder is a late manifestation of schizophrenia and if the diagnosis is withheld until this main symptom occurs, it will insure that only chronic schizophrenics will be available for treatment. It is, however, the sense in which E. Bleuler defined thought disorder and is what Dr. Nair is looking for. It will be seen later that Judge Davis did expose a beautiful example of this

classical thought disorder. But Dr. Nair was by now not open to any diagnostic suggestion by anyone, let alone a judge. Psychiatrists who will diagnose schizophrenics only when this kind of thought disorder is present are more apt to harm their patients and should in my opinion not practice psychiatry.

(The other dimension of thought disorder is thought content. The patient suffers from various abnormalities of thinking such as delusions, ideas of reference, grandiose ideas which may or may not be firmly fixed. They are usually not dispelled by argument but may very frequently be removed by providing the patient a more logical explanation for their presence. This is described in **How to Live with Schizophrenia.****

(It is practically impossible to diagnose schizophrenia if there is not thought content disorder. Of course, the accused had ample evidence of content disorder, which he freely revealed to every doctor, even Dr. Nair, although this information had to be painfully extracted from him in cross-examination.

(Unfortunately there are no standard tests for measuring thought disorder, and it is left to the psychiatrist to judge this from his own experience. It will be seen later that Dr. Poulakakis believed that under great pressure even he might utter gobbledygook. It is hardly likely he would detect much thought disorder in any prisoner since they are all under strain and he would ascribe their apparent thought disorder to this.

(Bleuler gave us another "classic" symptom, inappropriate mood. Again this is a symptom of far advanced schizophrenia. The usual symptoms are depression and tension. It is a very poor differential symptom. To wait for this emotional inappropriateness is again to condemn the patient to a chronic schizophrenic process.

(A textbook example of thought disorder, process type, is given by the accused in discussing a letter, later in the trial. The judge is well aware of this but not the expert witness.)

Q. I want to ask you this.

A. Yes.

Q. You use the textbook approach to the diagnosis of schizophrenia. Is that a fair statement?

A. I use the well-established approach.

Q. The traditional approach?

A. Well established, taught in Canada and the United States.

Q. How long has schizophrenia been a known disease of the mind?

A. Must be for centuries but it has been well-described since 1911.

(Dr. Hoffer: It has been described well for several centuries before but the term schizophrenia was coined early in the 20th century by Bleuler. It is another example of his muddled observations and thinking. The best descriptions of schizophrenia were written by John Conolly [1830] in his book, *Indications of Insanity.* Had English psychiatrists been more aware of their own history and less impressed by Bleuler, Adolf Meyer, and Freud, psychiatry might not be in the confused state it is in today.)

Q. And you use the traditional approach, I take it, to the diagnosis of schizophrenia?

A. As taught in Canada and the United States.

Q. And that traditional approach normally calls for thought disorders that are evident just by talking to the patient? His talk is jumbled, he doesn't make any sense at all?

A. This is part of it.

Q. Unless you find that, you don't ever diagnose schizophrenia?

A. Not just by itself.

Q. But that's a major consideration?

A. It is one of the major considerations.

Q. Now isn't it also true that Dr. Hoffer takes a little different approach to the diagnosis of schizophrenia?

"How to live with Schizophrenia, by Dr. A. Hoffer and Dr. H. Osmond, Johnson Publications, London, England, 1966 and 1971, and University Books, New **Hyde Park,** New **York,** 1966.

A. He is taking a different approach.

Q. It is a newer approach. It, in fact, runs contrary to the traditional diagnosis of schizophrenia, isn't that right?

A. Partly right.

Q. Are you familiar with Dr. Humphry Osmond?

A. I have read most of their papers.

Q. You know of Dr. Humphry Osmond?

A. I don't know personally, no.

Q. By reputation?

A. By reputation and by reading his papers.

Q. Would you agree that he has a reputation for making a specialty of the disease of schizophrenia?

A. He has.

Q. Would you not also agree that Dr. Hoffer has made a specialty of the disease of schizophrenia?

A. He has. May I say something else? Dr. Hoffer and Dr. Osmond have described various symptomatology, manifestations, treatment of schizophrenia but there are so many studies in Canada and the United States where they are studied thoroughly and contradicted all their findings — I won't say all but most of their findings — and if you read the latest journals, latest textbooks — I have read most of the recent publications, journals and textbooks in psychiatry.

(Dr. Hoffer: This is, of course, nonsense. It is the opinion of a witness who has not himself done any research, has published no original papers and even worse has not bothered to keep up with the medical literature. He has never even heard of Dr. Linus Pauling, one of the most eminent Nobel Laureates whose contribution to medicine and biochemistry has been enormous.)

Q. You would agree, wouldn't you, that what we really have here is a difference in the approach to schizophrenia. Dr. Hoffer takes one approach, you take the traditional, the textbook approach.

A. I want to qualify that. It is the approach taught in Canada and the United States.

Q. Before you qualify that, is that not a fair statement? You take the traditional approach in diagnosing schizophrenia?

A. That is not right. It is not just the traditional. It is the approach taught in Canada and in the United States in most of the medical schools and the medical colleges.

Q. Well do you seriously argue that Dr. Hoffer does not have an international reputation in the field of schizophrenia?

A. I am not arguing he has this reputation.

THE COURT: What causes this disease, a biochemical difficulty in the body make-up? Do you believe in that?

A. Partly Your Honour because nobody exactly knows without some genetic study, chromosome study, some biochemical factors. Even people blame environment. Nobody exactly knows, nobody.

THE COURT: Is it not a fact that within the last year — I might tell you that I am interested in medicine too — isn't it a fact that the last year great strides have been made in curing schizophrenia through the adjustment in the use of chemicals?

A. I agree Your Honour but there are methods of treating and many times many people recover fairly completely but so far nobody has introduced a cure for schizophrenia, nobody.

THE COURT: But they are making great strides, aren't they?

A. They are.

Q. Am I right in this, the Orthomolecular approach to schizophrenia?

A. A different approach. This is one approach.

Q. Do you know who Dr. Linus Pauling is?

A. I don't know.

Q. You surveyed — and I don't want to keep you much longer — but I want to ask you whether you were aware of the actual evidence that is before this Court on what took place immediately surrounding the shooting of which the accused is charged? Were you

aware, for example, that in his statement to the police, which was taken down on the tape recorder, and My Lord I am reading from the typewritten version. Would you listen carefully. I want to ask you if this would mean anything to you. Page twelve and the accused is talking to the police. He said: "Then he went" and he is talking when he says "he," he is talking about Mr. Pearson, "then he told me to shut the tractor off. He started, I started walking away. I did something wrong and he kept on. He was calling me by my name. He was pleading for help and so and then I — he was walking and I was backing away. He was walking towards me pleading. Then he told me to go and shut the tractor off and he went walking up to the house. Then I realized I did something wrong so I unhooked the tractor and that's when I went to this other guy's neighbour and 1 came here," meaning he came to the police. Were you aware that he told the police that?

A. He told me also.

Q. You are aware of the fact of him saying that he suddenly realized he had done something wrong?

A. Yes.

Q. I have in my hand My Lord a transcript in the pretty hand of Mrs. Wylie (Eunice L. Wylie, Official Court Reporter, Saskatoon, Sask.) of the evidence of John Pearson and I want to read this to Dr. Nair. Here is what John Pearson said when he was cross-examined: The question was: "When you asked him about the tractor did you notice any change in his attitude or any change in what he was doing?" Answer: "When I told him to shut the tractor off his line of thought just seemed to change like that." Now, I suggest to you Doctor that he did have a change in his line of thought and he had in fact come out of whatever it was he was in when he did that shooting?

A. Maybe but could you explain just what went on after that, the change in the line of thought?

THE COURT: He went on and uncoupled the tractor and went off to a neighbour to get help.

A. Yes, he told me that.

THE COURT: He came out of this trance or whatever he was in.

Q. You see there is a great similarity in the evidence of these two people?

A. I have a good relationship with Mr. Skafte and I feel and agree that whatever he told me is true. There is no disagreement to this.

Q. You made reference to the report of the hospital of 1967 by Dr. Prasad?

A. That's right.

Q. Did I get you correctly that you agree with that, having read the report?

A. With Dr. Prasad's diagnosis.

Q. Dr. Prasad's diagnosis took place after the accused had shot his sister?

A. That's right.

Q. He was in the hospital being examined over that very thing?

A. That's right.

Q. Now Dr. Prasad's diagnosis was immature personality?

A. Right.

Q. I am not trying to be facetious at all Doctor, but would you have to be a doctor to diagnose immaturity when somebody has just taken a potshot at his sister?

A. When you say "immature" commonly that is quite different from what we would call personality disorder, immature type. Whenever we say that — anybody when somebody does something silly we say "he is immature" but when we say "immature" it is a consistent personality pattern, very resistant to change. I am sure this is what he indicated.

Q. Speaking of immature personality and personality disorder you heard Dr. Hoffer say in his opinion a diagnosis of that kind was really only a description of the behaviour of the patient rather than a diagnosis. You don't agree with that, I take it?

A. I don't because I follow the international classification accepted all over the world.

THE COURT: Could a personality disorder be a symptom of schizophrenia?

A. It could be.

Q. So could immaturity?

A. It could be.

Q. Really what we have here, am I right, is you took one approach to diagnosing this boy and Dr. Hoffer took another approach and you simply disagree on what the condition was but you both agree that he is mentally ill?

A. This is what I understand but one difference is that I entertained the thought of schizophrenia. I entertained the thought of epilepsy but I had time to see him, observe him, for a month and several other occasions. This is many times, anybody with a difficult problem, schizophrenia is a very common disorder. In fact...

Q. I want to ask you .. .

MR. MILLAR: Let him finish please.

Q. It is true that fifty percent of all mental patients in hospitals are schizophrenics?

A. I don't know exactly the figures. It is a common condition. It is about one percent of the population, but what...

Q. Is it...

MR. MILLAR: I wonder if the witness could be allowed to continue his answer. I am sure he has forgotten where he was now in his answer.

A. What I am -saying is that when somebody does a bizarre act or a violent act, in psychiatry the first thought in mind will be if he is schizophrenic. I agree. This I suspected when I saw him in jail and this is why I asked for more time but there are also other conditions you have to think about and only by observation and testing you could find out. This is what I did.

Q. I understand how you arrived at it and you would certainly agree that you and Dr. Hoffer took different approaches to this boy?

A. Different approaches and I had more time.

Q. Okay.

MR. NOBLE: My Lord, that's all I want to ask the witness.

MR. MILLAR: No questions My Lord.

THE COURT: I would like to ask him this. There were a great number of symptoms, mostly disturbance, personality disorder and various things. Each one of those could be a symptom of schizophrenia?

A. Yes, I agree.

THE COURT: If you add them all up doesn't that show that the man is a schizo?

A. There are two or three other symptoms which have to be there.

THE COURT: What are the other two?

A. Thinking disorder.

THE COURT: Well now here-1 want to refer you to page five of the evidence and this is taken on the tape recorder and tell me what you think about this. The Corporal asked him, "Now Stephen I can understand your concern but if there is anything that you would like to say I'll be glad to listen." These are his words. This is the answer: "There is only one other thing that I have to say is that while I was in the clink I had a certificate issued under the Mental Hygiene Act and it was cancelled. It got cancelled. It was through Mom and Dad. Them guys they had the letter when they had the reply from it when they wrote about it so they knew it was issued. They had that letter and read it — Mom more or less told them it was still examined and I read it. They told him that it was, that I was in the clink and they were raising a little fuss over it. They said that they had it cancelled but they couldn't listen to it anymore because I was still serving my sentence while it was issued. And they couldn’t make me right away." What does that mean? You can read it yourself.

A. I agree but under tremendous ...

THE COURT: Isn't that evidence of mental disorder?

A. Under tremendous pressure I was wondering how many of us, under the pressure like Mr. Skafte had, how many of us could

make a relevant statement.

THE COURT: We could surely make a sensible statement. Can you make any sense out of that?

A. Knowing him I could. I had time to see him and observe him and I have a good relationship.

THE COURT: Tell me what it means. Tell the jury what it means. I don't know what it means and I doubt if they do. If that isn't a statement from an irrational mind I don't know what it is. You tell us, if you can, what it is?

A. What I am saying is that I am not questioning that he is mentally disordered but when you apply this legal insanity, certain criteria for me he will not fit with that. This is the only thing I am saying. He is mentally disordered. There is no question about this.

THE COURT: You realize that the law says that Section 16 must be liberally construed?

A. I agree.

THE COURT: You don't nitpick. You construe it liberally. Does that change your view?

A. When I take the stand I said I will say only the truth and this is what I think, the way I feel.

THE COURT: I am not questioning witness that you are telling untruths. Please understand that. I am trying to elicit an explanation, in particular that statement. I don't know what it means and that was one of your tests.

A. If I had talked to him and he had told me that I would have asked him again and he may answer correctly but taking just a few lines it may be difficult.

THE COURT: All right.

MR. MILLAR: My Lord, with regard to that this Doctor has said that in schizophrenia there should be a thinking disorder and at that point Your Lordship brought out that section of the statement. I wonder if the doctor would comment on whether that type of a thing is what he terms a thinking disorder or if this term "thinking disorder" covers some other area. I don't know what a thinking disorder is.

A. We have specifically tested for this. Psychological test on thinking disorder by a competent psychologist, and he was not able to come up with any disorder of thinking.

{Dr. Hoffer: Here the expert witness falls back on a psychological test which he has not specified. Probably a question here could have thrown him into great confusion because he had ruled out the validity of the MMPI which was the only test he had ordered. As there is no test for thought disorder his statement was incorrect. The word association test originated by Jung could have been used as a rough measure of a thinking association disturbance but there is no evidence anywhere it was so used. The witness now brings in the possibility that there was a personality disorder characteristic of anxiety, which to say the least is a novel idea not yet researched by anyone. However, he continues to resist the idea it is a thinking disorder as might be found in schizophrenics.)

THE COURT: This statement was taken shortly after these events and your tests were taken a long time afterwards. Does this indicate anything to you, this statement that I read?

A. This could be a thinking disorder which could be seen in acute anxiety, acute stress reaction.

MR. NOBLE: Or schizophrenic state?

A. I don't think so. In any schizophrenia there is a loosening of association. This is what they say. Suppose somebody asks you, "What is the difference between gold and silver," then the schizophrenic will answer: "Your dress is golden." This is the kind of thinking disorder the schizophrenic will demonstrate in answering the question, "What is the difference between silver and gold."

THE COURT: That is a sample question but what we have here is twelve lines and I can't make head or tail of what he is trying to say.

A. Without asking him in more detail it is difficult to say whether it is a schizophrenic thinking disorder.

MR. NOBLE: But it might be?

A. It might be. Anything is possible in schizophrenia.

COURT ADJOURNED 10:30 COURT RESUMED 10:45

The next psychiatrist testifying for the prosecution was Dr. G. Poulakakis, executive director of the Saskatchewan Hospital at North Battleford.

Dr. Poulakakis had his medical degree from the University of Athens, Greece. He had his postgraduate training in psychiatry at the Illinois State Psychiatric Institute in affiliation with the five medical schools in Chicago and is certified by the Royal College of Physicians and Surgeons of Canada in psychiatry.

Dr. Poulakakis, under questioning by Mr. Millar, prosecuting attorney, stated that he was "quite familiar with Dr. Hoffer's work. It is true that he has done quite a bit of work on schizophrenia and has published certain papers. He follows a view on schizophrenia which is not widely accepted. As a matter of fact, I can go a little further and say that I have seen several patients of Dr. Hoffer's but I haven't seen a single one who wasn't diagnosed as schizophrenic."

(Dr. Hoffer It should be obvious that this witness is very reluctant to diagnose schizophrenia. I have seen some of the patients he considered to be mentally normal.)

Q. By whom?

A. By Dr. Hoffer.

Q. And how did your diagnosis of those patients turn out?

MR. NOBLE: My Lord, he doesn't say how many patients or what but anyway carry on.

THE COURT: There will be no end of this. Dr. Hoffer may have seen a dozen patients this man diagnosed and found his diagnosis wrong.

MR. MILLAR: Very well, I take it we can leave that portion of it My Lord.

THE COURT: I wish you would.

In response to Mr. Millar's questioning, Dr. Poulakakis went on to say that he agreed with Dr. Nair's conclusions on the grounds that Dr. Nair had had an opportunity to observe Stephen Skafte in the hospital for a month which Dr. Hoffer did not have, and that Dr. Nair diagnosed him on the basis of the material available and on the basis of Mr. Skafte having been seen previously by other government psychiatrists in other parts of the province. One, Dr. J. Chapman, director, Munroe Wing, Regina, Saskatchewan, was considered an expert on schizophrenia, and "he did not find schizophrenia as a diagnosis in this patient."

Further, Dr. Poulakakis did not agree with Dr. Hoffer's testimony that English psychiatrists take an approach to the diagnosis of schizophrenia which differs from the approach of psychiatrists in Canada and the United States, which prompted Dr. Hoffer to comment, "This witness is unfamiliar with cross-cultural diagnostic studies which show that schizophrenia is diagnosed more frequently in the United States than in England."

Dr. Poulakakis agreed with Dr. Nair that "you cannot really diagnose schizophrenia without the cardinal symptoms, and the cardinal symptoms are thought disorder and changes in the mood of the individual. The very word 'schizophrenia' means the splitting between the thought of the individual and the emotion of the individual and basically this splitting between the thought and the emotion is what one should look for in order to diagnose schizophrenia."

He referred to the MMPI tests which he considered invalid because the validation scale was quite high.

THE COURT: Just a minute before you leave that Doctor. There seems to be a contradiction between the validity of that and what the last witness has said. He accepts, as

you heard him say, everything the accused told him as being valid and right.

A. Yes, but I am referring only to the test.

THE COURT: Part could be right and part wrong?

A. Yes sir. The second test that was done, another MMPI on the 23rd of February, 1970, and we see almost an identical picture where there is high scores in certain symptoms here and yet the validation scale which tells us whether the test is really valid or not is quite high and that indicates that the test is not valid and should be disregarded or looked at very, very lightly.

THE COURT: Does that mean that he was not telling the truth?

A. No, it doesn't mean that My Lord. It means...

THE COURT: What does it mean?

A. It means that the answers he gave to the test maybe were false answers. The answers that he was giving to the test were maybe chance answers, that he just by chance put things or else that he was trying to fake.

THE COURT: There is no suggestion here that he was trying to fake anything.

A. No, I am only suggesting that that is what the scales indicate on the test. I am not referring to Mr. Skafte himself. What I am trying to say is that these tests cannot be taken as they are for any serious consideration in.the diagnosis.

{Dr. Hoffer: Had the witness considered the accused as being schizophrenic he would have considered the MMPI results very seriously.)

Dr. Poulakakis did not consider the voices heard by Stephen Skafte as being important. Hallucinations by themselves, without the overall picture, he said, do not indicate very much. In fact, he said, there are "certain situations whereby normal people can hear voices," such as in solitary confinement or other forms of isolation.

(Dr. Hoffer: The witness interprets symptoms not as an aid in making diagnosis but as findings which are relevant or not if they conform to the diagnosis already firmly established in his mind. It is interesting that after the trial at another hospital the patient was found to be schizophrenic by another psychiatrist of equal stature in the administrative hierarchy.

(But the witness is completely wrong in his claim sensory isolation has produced hallucinations. It has produced a series of minor illusions but there are no reports of hallucinations. Most investigators who hoped sensory isolation would yield models of schizophrenia have lost interest. Recently a pioneer and one of the top research psychologists in this field told me that sensory isolation experiments had little relevance so far to the diagnosis of schizophrenia. The witness admits that under severe stress his own thinking becomes jumbled up and nonsensical, i.e., schizophrenic. He may have caused the Judge to wonder about his own sanity, but not about the accused's.)

Q. Looking at the broad set of symptoms displayed by Skafte, how do you set them up? That is, personality disorder, explosive, and against schizophrenia?

A. Well again I am basing my comments on what I heard in the Court room and the description of the symptoms. I haven't examined Skafte. I haven't seen any indication that the cardinal symptoms of schizophrenia were there.

THE COURT: What are the cardinal symptoms?
A. I think Dr. Nair and Dr. Hoffer explained them quite well. There are four disorders. In other words, the thinking of the individual is not straight. There are quite a number of these disorders. An example is that while the individual is talking about something all of a sudden he stops and can't continue his thought, or he presents his views in what might be construed as a word —. In other words, his words are all mixed up without meaning.

THE COURT: You heard me read this statement. Can you make any sense out of it?

A. No, I can't make any sense out of it but under the same circumstances when I find myself under a situation of stress or anxiety I may say something which has no sequence.

THE COURT: Would you, in a state of anxiety, give a jumbled up, nonsensical statement like that?

A. I could.

THE COURT: You would have to struggle to do it I am afraid.

A. I am sure My Lord that a lot of people under stress can not really collect their thoughts as readily as one would in different conditions.

THE COURT: Here this boy was asked a lot of simple questions and gave answers and then when he was asked to volunteer what took place we get this jumble from him. Does that indicate anything to you?

A. No, it doesn't, because as far as I am concerned I can't really make any valid judgment on this because I don't know the whole sequence of things in the conversation.

THE COURT: You can read it, if you want to, and if, as I think, it is just a jumble, could that not be an indication or a symptom, could it be a symptom as Dr. Nair preferred to use the words "could be," a symptom of schizophrenia?

A. Definitely.

Q. What else could it be?

A. It could be a symptom of extreme anxiety or stress. I think this is something we all have at times.

THE COURT: Maybe you should read the whole statement. If you can see any stress in it I would like you to point it out.

A. Well My Lord if the R.C.M.P. stops me on the road and he thinks that I am speeding and he is questioning me about that I don't know how straight my answers are going to be.

THE COURT: I hope they will be truthful.

A. I hope so too.

Q. Would you be under stress at that point?

A. Most likely. I think so.

Q. Most likely because you were speeding?

A. You wouldn't want me to say anything about that.

THE COURT: You don't have to admit to speeding doctor.

Q. We were talking about thinking disorders as being a basic or necessary symptom of schizophrenia. From the dealings you had with the hospital through the month-long period when Skafte was there, was there any indication to you or any of your people that there was a thinking disorder there?

MR. NOBLE: This witness said he didn't examine the patient.

THE COURT: He can't possibly answer that from what he has said before.

Q. Have you seen in any of the documents that have been produced to Court or anything you had to do with Skafte's medical records seen any indication of a thinking disorder?

A. No I haven't. This is the point I want to stress. If there was a thinking disorder that thinking disorder will become more obvious, more manifest during a period of hospitalization where the individual is under observation for a month than it would while the individual is being examined for one hour. Schizophrenia is a common disorder as was said before. Fifty to sixty percent of the patients in the hospital are schizophrenic and chronic schizophrenics at that and I can't imagine any psychiatrist who has any qualifications not being versed with the diagnosing of schizophrenia. It is a primary disorder in psychiatry and the most difficult as well. This is why I feel that in the hospital setting where there is a twenty-four hour observation of the patient, any symptoms of schizophrenia would have become manifest. I am talking about the primary symptoms, one is the thought disorder and the other is the emotional disorder or disorder of emotion, the splitting of emotion between the thought and the expression of emotion that accompanies the thought. He might say, "I killed my father," and laugh at it. That is not a normal connection between thought

and emotion, is it, and this is what happens in the schizophrenic. There is a split between what is thought and what is emotion.

(Dr. Hoffer: This fiction has already been dealt with. In the case of Victor Hoffman, this pseudo 24-hour observation did not lead to his doctor knowing that Mr. Hoffman still entertained his murderous ideas, even though he freely exchanged his views with other patients.)

THE COURT: Isn't that exactly what we have before us? He killed the boy and tried to kill the father and had no remorse and has never shown any remorse since. He just doesn't seem to realize it. Isn't that exactly the situation?

A. No, I am talking about any splitting between the action that took place and what the individual feels about it. There are psychopaths for instance — we are meeting them every day — where they commit an offence of one sort or another and have no remorse whatsoever. As a matter of fact, they feel proud about committing an offence if they are not caught. We have them in the hospital. They will sit down and tell all the crimes and the offences they committed and without any remorse.

Q. Would the lack of remorse be more consistent with schizophrenia or psychopath?

A. It would be more consistent with the psychopath.

Q. Would it be fair to the patient, and in this case the accused, to decide that he had a thinking disorder on an isolated incident such as the statement portion that has been read in Court?

A. No, it is unfair entirely I feel in my view. You can't really diagnose a thinking disorder from an isolated statement or two isolated statements. I might have to spend one or two hours to elicit a thinking disorder.

THE COURT: Doctor, you talk about a thinking disorder and you have probably read Stevens, have you?

A. No My Lord, I haven't.

THE COURT: Stevens is an English, or was an English author on mental disorder and criminal law in general and he uses the term "frenzy" throughout. You say "agitated" or "disturbed." What is the difference, what would you expect between the actions of a person in a frenzy, either a psychopath or a schizophrenic? Can you answer that question?

A. I don't think I can because I don't know what the author means by frenzy My Lord.

THE COURT: That's the term he uses, the mentally disturbed. He points out that a person in a severe drunken state can be in a mental state of frenzy or from some mental disorder.

A. I presume you are referring to extreme agitation.

THE COURT: Yes.

A. Extreme agitation is not characteristic only of schizophrenia. It is also characteristic of, as you said, acute alcoholism. It is characteristic of brain disorders. It is characteristic of epilepsy. I can name quite a number of conditions where a frenzy or extreme agitation is part of or a symptom of.

Q. Would that be similar to saying that a fever is a symptom of measles and chicken pox?

A. Yes, as it is of meningitis.

THE COURT: It isn't necessarily a symptom, is it?

A. Fever?

THE COURT: Yes.

A. It is a symptom My Lord.

THE COURT: I thought the fever was the body reacting to counteract the cause of the disease.

A. That's right, but it is a symptom. This is what we see as doctors and on what we try to base our conclusions. The items that we see, the manifestations of the disease, that we see.

Q. Now what do you think of the sodium amytal test as far as differentiating between

personality disorders and schizophrenia?

A. It is a valid test in the sense that in a schizophrenic the sodium amytal is likely to, by lessening the defenses of the individual, is likely to have the individual come up with more obvious symptoms of schizophrenia. As a matter of fact, we have been taught that we should not use sodium amytal on interviewing schizophrenics because they do tend to become more deteriorated under the drug. The thought of the schizophrenic becomes more disordered and the symptoms of schizophrenia become more obvious.

THE COURT: In this you heard the evidence that the test changed nothing. He told the same story under the test as he told in these various statements.

A. Yes, and this re-enforced the diagnosis of the personality disorder as opposed to that of schizophrenia.

Q. Now if a person was suffering from a personality disorder of explosive type and did the particular sequence that Skafte testified to, the shooting of the Pearson boy and the shooting of the Pearson father, at the time that Skafte was doing that, would he be aware of what he was doing?

A. It is likely that he would.

Q. Would he know whether or not it was morally wrong?

THE COURT: That's not the test. Would he appreciate?

MR. MILLAR: I would ask your assistance with regard to getting that portion of the test straight.

THE COURT: Co ahead then as long as you clarify it.

Q. Would he appreciate at the time that the shooting was taking place that it was morally wrong?

A. Most likely he would. As a matter of fact, some schizophrenics would appreciate that as well. The fact that one may be schizophrenic does not preclude him being not insane.

Q. There is another area that I am not clear on. Dr. Hoffer indicated his diagnosis of this man as being chronic schizophrenia. Is there a difference between being chronic schizophrenic — I am talking about four or five years — as opposed to a diagnosis of schizophrenia by itself?

A. Yes, there is. The difference here is between the acute schizophrenia and the chronic schizophrenia. The acute schizophrenia has more vivid, more obvious symptoms, more obvious signs and it is of short duration, doesn't last very long, or just started type of thing; whereas the chronic schizophrenia is a process type of a thing where the individual becomes gradually more and more deteriorated and the symptoms of schizophrenia become more and more obvious, more and more manifest and the tendency of the individual to withdraw. This is another of the interesting symptoms of a schizophrenic. He tends to withdraw and be a loner, to be by himself, enjoy his voices, enjoying his isolation, enjoying listening to his thoughts, not being bothered by extraneous things and this is another characteristic of the chronic schizophrenic. As a matter of fact, some schizophrenics might have liked it in isolation.

(Dr. Hoffer: This is not true. In examining over 2,000 schizophrenics in 20 years I have yet to discover one who enjoyed his or her hallucinations or his isolation. No schizophrenic who has recovered and written about his illness has referred with joy and enthusiasm to his illness from which he has gratefully emerged. This idea of withdrawal into a pleasant world of fantasy is a delusion shared by a number of psychiatrists who do not bother to talk to their patients and ask them how happy they are. R. D. Laing has proposed the view that schizophrenia may be compared to a psychedelic experience. So far I have not found schizophrenics who volunteer to become psychotic. They do their best to shake free, and only become apathetic and disinterested when they have lost all hope of recovering. To suggest that "most likely a schizophrenic would enjoy the situation" is ludicrous.)

Dr. Poulakakis throughout the rest of his testimony maintained that Skafte was mentally disordered but not mentally ill, and that one could expect a mentally disordered person to hear voices telling him to shoot someone. **Judge's Charge to the Jury**

In his charge to the jury, Mr. Justice C. S. Davis defined murder as defined in the Criminal Code, death being caused to a person by a human being who means to cause his death, or means "to cause him bodily harm that he knows is likely to cause his death, and is reckless whether death ensues or not."

The word "means," he said, is extremely important. "It is synonymous with 'intends to do it' and, as you will readily see, ties in with the defence of insanity. Did this young man have the mental capacity to rationalize, to be able to intend or to mean to do what he did? That seems to be the main question before us."

The accused in a Court of Law is "presumed to be innocent of the offence with which he is charged and remains innocent throughout and until such time as the Crown has satisfied you, each and every one of you because any verdict you arrive at must be unanimous, that he is guilty. Anything short of that the Crown has failed and the accused must be acquitted."

The burden of proof beyond a reasonable doubt of the guilt of the accused is on the prosecution. The accused "can raise the defence of insanity but he does not have to offer any positive evidence that at the time he was insane ... if, for instance, you come to the conclusion or if you reach the stage where you are not sure, not morally certain, that this young man might have been sane or might have been insane to the extent that he could not form the necessary intent to commit the act, that doubt must be resolved in his favor and he must be acquitted, but acquitted on the grounds of insanity."

The jury, he said, can accept or reject the evidence in whole or in part as they see fit, including evidence of the psychiatrists. Similarly, they can, he said, accept or reject his own views. "I give you the law, you decide the facts and you apply the facts to the law as I give it to you and try and come up with the answer. Remember gentlemen that irrespective of any observations I make, it is done only for your guidance; I don't want to influence you one way or the other."

Only two verdicts are possible, either guilty as charged because there was no question of the shooting, or not guilty on the grounds of insanity. The former would mean the accused would go to a penitentiary for the rest of his life; the latter would mean "he would be placed in an institution until such time as the Lieutenant-Governor shall decree and as you have heard, this young man is suffering from some form of mental disease."

"I may or may not be right in that but they (all the psychiatrists) seem to agree that this young man should be in an institution where he could receive treatment and if, as seems to be the case, great strides have been made in the last year in treating schizophrenics (if this is what he is) then it may be in time he will be completely cured and released on society. It may take years. We don't know, but as you know we do not condemn people to penitentiaries if they are not responsible for their acts and we are here to ascertain whether or not this young man was responsible at the time for the acts which he unquestionably committed."

Mr. Justice Davis defined insanity according to Canadian law, Section 16 of the Code, which states, "No person shall be convicted of an offence in respect of an act or omission on his part while he is insane. (2) For the purposes of this section a person is insane when he is in a state of natural imbecility or has disease of the mind to an extent that renders him incapable of appreciating the nature and quality of an act or omission or of knowing that an act or omission is wrong. (4) Every one shall, until the contrary is proved, be presumed to be and to have been sane."

This means, he said, "A person must be in a

state that he can measure and foresee, to rationalize, to sit down and think this thing out. On the evidence here could it possibly be said that this young man was able to rationalize what he was doing or foresee the consequences? I don't think you gentlemen will have any hesitation in coming to the conclusion that in his state of frenzy he would have no capacity to measure or foresee the consequences of this violent act."

The jury would have to decide, therefore, first whether he was "in a state of natural imbecility or had he a disease of the mind to an extent that it rendered him incapable of appreciating the nature and quality of the act," in which case they must bring in a verdict of not guilty by reason of insanity, or, if he was not in such a state, whether or not he knew that what he was doing was wrong, morally wrong.

"Now Dr. Hoffer expressed his views that under the condition in which this young man was in — and it would seem to me to be so self evident that there is no other answer for it

— that he was not able to rationalize or know that what he was doing was wrong. I would think myself from the evidence — but this is entirely up to you — that he didn't know what he was doing at all. There is a strong in dication of that in his conduct immediately following this. He seemed to have been in something of the nature of a trance, I would think — may be called a frenzy or whatever it was — 5ome mental disturbance that caused him to do this act and I would doubt —again it is up to you — that he actually knew what he was doing. He may have been following some voice or something and then he seemed to snap out of it like that and realized that he had done something wrong. Does that not suggest to you gentlemen that when he realized he had done something wrong that he did not know beforehand that he was doing anything wrong? That seems to me to be the only conclusion you can arrive at. It comes from Mr. Pearson himself that he seems to have snapped out of this and the boy himself in his statement virtually says the same thing. Something told him that he had done something wrong, and he reacted to that. He snapped out of it and goes and gets the tractor and goes to a neighbor."

The jury, said the Judge, did not have to consider the evidence of the psychiatrists at all because, in his view, there was ample evidence of this young man's insanity quite apart from the evidence of the psychiatrists.

All the doctors used the same symptoms but came to different conclusions.

"Now I must confess gentlemen, that I was unable to distinguish — to understand just what these doctors mean — by 'personality disorder.' Call this young man's condition by whatever name you want to but does it not all add up to the conclusion that he is mentally ill, mentally sick, and if he was mentally sick then it would be your duty to find him not guilty of the offence with which he is charged because of his mental condition, because of insanity."

The hospital doctors were saying, said the Judge, "that a person suffering from a personality disorder could distinguish between right and wrong and know what he was doing, whereas a person with all the same symptoms who was a schizophrenic would not be able to distinguish between right and wrong and know what he was doing. All symptoms are there with the exception of what the two doctors said. One was thought disorder and the other was emotion. Counsel for the prosecution said Dr. Nair had him in the hospital under observation for a month and had an opportunity of evaluating these two conditions. That is, thought disorder and his emotions, but I can't recall what he said he did to evaluate those two aspects of it. He was one of a whole raft of people in the institution and I think the doctor said, if I remember correctly, that he saw him on three occasions; fifteen minutes twice, twenty minutes once and an hour or two hours. I am not sure, and I don't know whether you are sure, what he meant by the emotional test. The evidence seems to be — you can see him sitting there now — he doesn't seem to have any emotions at all so I don't know how you

would test that or what assistance that would be to you. The thought disorder: I was not too clear on that myself. I think that possibly what they were trying to explain to us as laymen (was) because of this young man's thought pattern he was not a schizophrenic. But when I showed the doctor his statement I was not satisfied with his explanation of that. You read the statement. He was able to think while questions were put to him. He would give rational answers but when he was put on his own we got a lot of jabberwacky. Is that not an indication of or another symptom of the condition which Dr. Hoffer said he was suffering under, namely schizophrenia?"

The Judge reviewed the family's psychiatric history on the mother's side. Two of her sisters had been in a mental institution and her first child had been in a mental institution for 33 years. Stephen's brother and a sister had to have psychiatric treatment. Stephen himself, he said, appears to have been always mentally sick.

"We have a pattern in this man in a mental state who apparently loved cats and loved dogs and then going out time after time and hitting the cats on the head and killing them. What does that indicate to you? What would it indicate to any layman? It indicates to me that there is something wrong mentally. Then we have him — which is one of the symptoms admitted by Dr. Poulakakis — of him withdrawing within himself. Dr. Poulakakis says that is a symptom of schizophrenia and here we have this young fellow time and again running away. He was away once for four days and they found him hiding under the station platform. There is one of the symptoms of schizophrenia and here we have this young fellow time and again running away. He was away once for four days and they found him hiding under the station platform . There is one of the symptoms of schizo-phrenia. We have him burning fences time after time. We have him burning a neighbor's crop. Is that a normal thing? We have him, for no reason at all that I can see, attempting to kill his own sister.

"Now counsel for the prosecution says that there was a motive, that he was mad at her because she had made some complaint about his conduct at school. Surely that would be no reason but remember that is not what he had the gun for. He got his .410 out because he had an argument with his uncle and was going to shoot the uncle, not the sister but the uncle. Fortunately the uncle went out some other door and the accused didn't know about this so the first thing he does when he sees his sister he up and tries to murder his sister. How can anyone say a man in those circumstances is rational, is not mentally sick?

"I don't care what the doctors call his condition. It adds up to the fact that the young man was at that time, was and always has been, mentally ill and suffering from schizophrenia as Dr. Hoffer, who is highly qualified, states. It is up to you to evaluate the evidence of these doctors but I don't hesitate to tell you gentlemen, that I have had many, many psychiatrists before me over my twenty odd years on the Bench and I never yet have heard such a clear explanation of the aspects of mental disease as I have heard from Dr. Hoffer. "He may not have appealed to you in the same way but I personally would have no hesitation in accepting his conclusion that this young man was at the time unable to appreciate what he was doing or that he knew it was morally wrong to do what he did."

Subsequently, Stephen Skafte was found not guilty on account of insanity of the murder of Grant Pearson.

May 27, 1971, Mr. Justice C. S. Davis chided the psychiatrists of the North Battleford hospital for refusing to accept Stephen as a patient there. "Since they are dealing with ill people under their care they should not consider their own convenience or inconvenience but in view of their attitude I have no desire to place him in their custody."

"As disclosed at the trial," he concluded, "this young man is suffering from a mental illness known as schizophrenia but it appears that great strides have been made during the

last years to correct that disease through the use of chemicals and it is to be hoped and accepted that he will be treated accordingly and that he will respond to the treatment and some day, in the not too distant future, he will be cured. In the meantime I have no alternative but to direct that he be detained in the Saskatchewan Hospital at Weyburn to await the pleasure of the Lieutenant-Governor of Saskatchewan, and I so direct."

Pearson Sue the Government

In 1972 Mr. Pearson launched an action for damages against the Saskatchewan government for failing to provide proper treatment and care for Skafte after his release from Regina jail.

The trial was scheduled to begin in February, 1974.

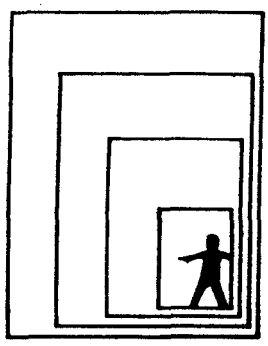
THIRD ANNUAL CONFERENCE

"Orthomolecular Treatment" is the theme of the third annual conference of the Canadian Schizophrenia Foundation to be held June 1 and 2, 1974, at the Sheraton-Landmark Hotel, 1400 Robson Street, Vancouver 5, British Columbia.

Speakers will be: Dr. A. A. Cott, New York City
Dr. David Hawkins, Long Island Dr. A. Hoffer,
Saskatchewan Dr. Humphry Osmond, New Jersey Dr.
Carl Pfeiffer, New Jersey Dr. Bernard Rimland,
California Dr. Harvey Ross, California Dr. Russell
Smith, Michigan Dr. William H. Philpott, Massachusetts
Dr. R. Glen Green, Saskatchewan Dr. I. Glaisher,
Saskatchewan Dr. J. Bennett, Alberta

Registration fee is $35 and should be sent to the CSF at No. 10-1630 Albert Street, Regina, Saskatchewan, Canada S4P 2S6.

Rooms are available at the Sheraton-Landmark to conference delegates at moderate rates. Make your reservation before April 30 if possible.

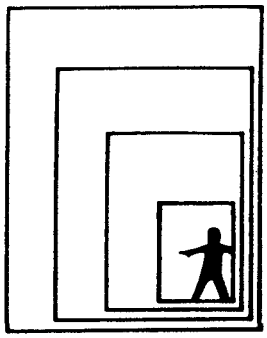


Annual Meeting

The 1st World Congress of Biological Psychiatry will meet September 24th through September 28th, 1974, in Buenos Aires, Argentina.

For information regarding the meeting, write or phone Jose A. Yaryura-Tobias, M.D., Secretary for Scientific Program of the meeting, at 1691 Northern Boulevard, Long Island, N.Y. 11030.

Dr. Yaryura-Tobias is also Treasurer of the Academy of Orthomolecular Psychiatry.



Annual Meeting

The next annual meeting of the Academy of Orthomolecular Psychiatry is to be held May, 1974, in Detroit, Michigan.

Those wishing to appear on the program are asked to write to Dr. A. Hoffer, program chairman, 1201 CN Towers, First Avenue South, Saskatoon, Saskatchewan, Canada S7K 2L5, giving the title of their presentation.