Builders and Destroyers

F. H. Kahan[1]

Twenty-five years ago Dr. Abram Hoffer and Dr. Humphry Osmond were confronted by vast unexplored areas in mental illness. There were no signposts to guide them except for a few clues in the literature and no precedence in research. They did not know where their efforts would lead them, and for awhile they did not even know where to begin. Furthermore they did not know from year to year where the funds would come from, and they were not prepared for the reaction they received from other professionals, the lay public, and the provincial government to every new finding and every new problem encountered along the way.

In 1953 it occurred to them that LSD could be used to treat alcoholism. This started them on a series of treatment studies on alcoholics. At the same time, they began biochemical studies on how the drug works in the body, and they found a link in certain cases between alcoholism and schizophrenia. This led to a biochemical test which they called the mauve factor test. Those people who were positive for the mauve factor test, regardless of whether the clinical diagnosis was schizophrenia, alcoholism, neurosis, emotional immaturity, or retardation, they said, had malvaria. They thought that this would save them a lot of argument. However, psychiatrists couldn't understand a chemical test cutting across sacred diagnostic lines, and for lack of evidence to the contrary they simply spread the rumor that the test had no value in psychiatry.

But LSD, it was learned, did something else—it gave a normal person an inside view of schizophrenia. Dr. Osmond, who was deeply concerned about improving hospitals for the mentally ill, found this very interesting. Soon he and a friend, Kyo Izumi, a creative Regina architect, were doing architectural studies on mental hospitals, with the aid of LSD.

Mr. Izumi took LSD several times, talked to many psychiatrists, listened in on interviews with patients, followed the work of Dr. R. Sommers, former research psychologist at Weyburn, and Edward Hall of Chicago, who were discovering the harm being done to very sick people by long institutionalization, noted the valuable work being done by Dr. T. Weckowicz, former research psychiatrist at Weyburn, on constancy of perception

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in schizophrenia, and lived with patients on the wards. In time he and Dr. Osmond learned what a hospital for schizophrenics should be and what it should not be.

The result was a remarkable hospital especially designed to reduce the perceptual disabilities of schizophrenics and to give them, the kind of shelter and environment they need. The Yorkton Psychiatric Centre was built in the city of Yorkton in the southeast corner of Saskatchewan as part of the Saskatchewan Plan, the plan for community psychiatry centering around the hospital serving the specific community. But before the hospital was built and the Saskatchewan Plan put into effect, professionals and lay people—members of the Saskatchewan Division, Canadian Mental Health Association—had many arguments and discussions with the provincial government.[2]

The government argued that professionals did not agree on the merits of the Saskatchewan Plan. The lay people and some professionals pointed out that it had gained widespread approval and acceptance on the continent. The mental health budget, said the government, must stay in its proper proportion to other budgets as a small part of the health budget and could not be expanded to serve special interests. The lay people wrote and talked about the terrible conditions in which sick people were forced to live.

Furthermore, said the government, the beleaguered taxpayer, who had spent a great deal of money on the mentally ill already, would be very annoyed if he or she were asked to provide new, costly facilities. Besides, Saskatchewan had the finest mental health program in Canada, and the government did not want to get rid of the old buildings at Weyburn and North Battleford. In addition, it did not care much for the criticism it was getting and would appreciate more praise for the wonderful things it had done.

The people kept writing and talking and making speeches around the country and finally went to the residents of the Yorkton district. These citizens, many of them presumably taxpayers, decided the issue by pouring letters into the premier's office. As a result, the Yorkton center was built. The premier said he quit counting after the first few dozen letters, and claimed they had nothing to do with it.

Long before all this, Dr. Osmond had developed a plan which was the forerunner of the Saskatchewan Plan. Dr. Osmond did not envision the indiscriminate discharge of sick people into the community into which the Plan has deteriorated. He was thinking about how to resettle some of those patients who no longer needed to be in hospital. He was also thinking of proper diagnosis, effective treatment, and good care.

Many old people, he said, are in hospitals because they have nowhere else to go. Many had grown old in mental hospital and were well enough to be placed in homes, nursing homes, and old folks' homes. The difficulty in getting them out was largely due to the lack of social workers. A number of elderly people, in addition, were wrongly admitted by their doctors who did not understand the susceptibility of the aging brain to a lack of vitamins, barbiturate poisoning, and an unwise use of anaesthesia. Needed was an adequate educational program, but facilities were not available.

Many of these patients, with good psychiatric and social work care, he pointed out, could readjust in the community. As an example, he said, within one year 32 chronic patients had been resettled in the community and only one had returned.

In the 1956-57 budget, he asked for more social workers for better follow-up care, paid help to replace the patients who leave the hospital, newly created positions for psychologists, and junior nursing staff to free more senior staff to work as group therapists. It was a blueprint for the next five years in Saskatchewan, with plans to save vast

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sums.

"Given an extra $750,000 a year for three years," Dr. Osmond said, "we could have sent out and kept out 700 to 800 patients. This would have saved $25,000,000 in the next 30 years. I suppose it was put down to my overheated brain."

Putting more patients in the community would save the government not less than $50,000,000 in both mental hospitals in capital costs for new hospitals and operating costs. Making the necessary changes in the hospital within three years would cost over two million dollars.

Dr. Osmond decried the use of patient serfdom, calling this slavery of the worst and most despicable kind. Without patient labor, the hospital at Weyburn would have had to close down.

The government rejected Dr. Osmond's requests and the great needs of the mentally ill, and built nursing homes instead. Even this was done in an ill-considered manner for the government did not make use of the knowledge available in the province. There were outstanding experts in the geriatric field in Psychiatric Services, but the government had not come to them for advice. It had failed to support valuable research on old age and senility. It had done very little that was adventurous and original.

Later, when Dr. Osmond's plans were introduced, the hospital populations went down drastically. However, there were great difficulties because of the haphazard and hasty manner in which this was done. Had Dr. Osmond been present, much of this could have been avoided.

On one occasion Dr. Osmond wrote: "I am appalled by the way we don't use the scientific approach. Psychiatric Services is still quite unclear about many matters which could have been solved years ago by well-aimed research. Social workers continue to make the same old mistakes, but have no real knowledge of families. No one learns from their own or other people's experiences. Brash young men and women who know little about anything are turned loose to solve the problems of psychotic people, without being told clearly what those problems are."

Dr. Hoffer thought he had an answer. He had learned something about governments.

"A great difficulty with government is that they always try to cope with a problem by being one step behind it, and they rarely anticipate the end results, and what they are trying to do. If they were to put a million dollars a year into a study of senility and how to prevent it, they would accrue immense sums for future generations."

By this time the Weyburn hospital had become accustomed to a rare and ominous presence within its walls. In January, 1955, new and strange creatures moved into its old environs—a research psychiatrist, a research biochemical technician, a research psychiatric nurse, and a research secretary, working under the direction of Dr. Hoffer and Dr. Osmond. Ben Stefaniuk, research psychologist for three years, later left to take work in hospital administration. Dr. Osmond was not able to get a research ward; the unusual structure of this hospital made this very difficult. However, they did get beds on the sick ward for special treatments.

The attitude of the hospital staff took some time to thaw out. Dr. Osmond pursued the policy of letting research establish itself gradually, believing it better that they should experience some hostility openly and neutralize this, rather than that they should have an overcompliant but equally hostile reception which would last longer.

The research group tried niacin on older patients to see what effect this had on cholesterol. They sent cerebrospinal fluids and blood samples to Saskatoon for toxicity studies. They did EEG tracings on a great many epileptics and administered adrenochrome and adrenolutin to observe the effects of niacin, with or without vitamin C, on changes produced on EEG tracings. They experimented with ascorbic acid on older patients who were known to be poor sleepers and to wander around at night.

They selected 10 university students and members of a Christian Student movement, who were on the summer relief staff, for experiments with adrenolutin and placebo. These experiments were useful for future double dummy experiments.

They gave patients with delirium tremens massive doses of niacin, niacinamide, and ascorbic acid combined with Beplex, penicillin, sodium bicarbonate, and glucose. Two of three cases were severely ill, but all three recovered with no side effects or complications.

"I have the impression," reported Dr. Osmond, "that without this treatment, one of these three would certainly have died. He had been going steadily downhill for two days and for 24 hours had been grossly confused, hallucinated, and deluded. With our special treatment he fell into a gentle sleep within four hours and was talking within 12 hours. Since this, we have had excellent cooperation and enthusiasm from the ward staff."

They were planning a multiplex treatment for schizophrenia in the hospital, with massive doses of B and C vitamins combined with penicillin, massive doses of glucose, and insulin, aimed at producing a combination of all known successful treatments.

All of this was like a fresh breeze blowing through the hospital. Optimism took the place of pessimism. The spirit lifted. The multiple changes, together with the research, were having some effect. On February 12, 1956, Dr. Osmond wrote Dr. Hoffer:

"Yesterday we had no one in restraint. A year ago there were about 40 people in restraint or seclusion. Such opportunities for observation and research, and now a staff well disposed towards it, which they weren't a year ago."

But this did not come about without personal sacrifice. The Osmonds had come from England with its "country changes of scene all inside a few miles, the richness of the countryside which is so literally watered, and the patina of history which encrusts everything." They found Saskatchewan prairie land bleak. The only attraction here was the opportunity to do things which were not possible elsewhere. Instead of finding people of good will, they found a Superintendent who made life for Dr. Osmond extremely difficult in a hospital teetering on the brink of public scandal. Dr. Hoffer tried to help him by advising him and discussing these things with him, and finally going to see Premier T. C. Douglas on his behalf.

Dr. Osmond decided to open a ward on a new "open door" policy of unlocking doors and allowing some patients to go downtown during certain hours. This caused an uproar in the city of Weyburn. There was open hostility and unfair criticism in the press. City officials made statements. Citizens made threatening phone calls to the Osmond home. There was dissension and hostility within the staff. Psychiatric Services officials remained silent.

Dr. Osmond tried to maintain a calm, philosophical attitude. The changes, he knew, were important and as inevitable as the prairie wind.

A new crisis arose, this time in Saskatoon in 1960 when three research staff members started making difficulties within the research unit.

"You and I happen to be stimulated by new, strange, and adventurous ideas," Dr. Osmond wrote Dr. Hoffer. "This particular taste or addiction is not and has never been shared by most people. Most people want to feel at home in a familiar world that becomes more and more familiar, so that before long you take it for granted. This is exactly what an innovator cannot and must not do. He takes a familiar world and makes it look less and less familiar."

In spite of frustrations, heartache, and disappointments, the work went on. There was a tricky period in the years 1955 and 1956 when for almost two years they struggled with the problem of getting adrenochrome and adrenolutin. Dr. Osmond was relieved the work was being done in Saskatchewan and not in England where, as he put it, "they like doing people in."

In 1957 Dr. Hoffer acquired a machine

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from New York called a spectrofluoro-motor. This had been developed by biochemists and chemists in the United States to test the glow or fluorescence of chemicals. Adrenochrome does not give off a glow, but turns into another substance which does. This machine proved very helpful.

There were many unanswered questions.

There were several instances of patients recovering from schizophrenia after an attack of pneumonia. Was this due to the effect of the fever or the antibiotic therapy?

The work with the red cells continued. They found that schizophrenic red cells are different from normal red cells; they are more fragile, and Dr. Hoffer and Dr. Osmond asked themselves, what does this mean?

They read that the fragility of the red cell depends on the concentration of acetylcholine esterase on the surface membranes and they started thinking about acetylcholine esterase, the enzyme which has the job of destroying the messenger chemical in the brain which is called acetylcholine. It occurred to them that, if something interferes with the action of the enzyme in destroying this messenger chemical in the brain, the latter would remain in the brain too long and add to its irritability or excitability. Adrenochrome, they thought, prevented the enzyme from destroying acetylcholine, leaving too much in the brain. This may also account for the increased fragility of the schizophrenic red cells.

This led to investigation of chemical disruptions of the brain which can be attributed to adrenochrome and which explain the disturbance in perception, thought, mood, and changes in personality found in schizophrenia. They wondered how leucoadrenochrome, a benign hormone, fitted into the picture.

Some psychiatrists tried to ignore these weird activities. They thought that if they didn't pay attention, this nightmare might go away.

Others said the work was not confirmed. They said there had been too rapid an expansion.

"The expansion has been rapid," say Dr. Hoffer and Dr. Osmond, "only because there had been a research void, and having gone into the void, it was inevitable that expansion would occur."

It was said too many papers have been published. Did this mean the papers have not added anything to the literature? No one answered this question.

Dr. Osmond said, encouragingly, "Never mind these criticisms. The work must push ahead. At present, psychology and psychiatry suffer from an overdose of caution and lack of imagination. Everyone wants to reduce their findings to fit in with some idea of Freud's or some notion of Harry Stack Sullivan's. Now, while I have no intention of underestimating these pioneers, I do not believe that they discovered everything, and if one stays within the framework which they used, one would prevent oneself from discovering what lies outside it."

A doctor in Vancouver found something in schizophrenic urine which he had not found in normal urine. He and his staff injected urine extracts from schizophrenics into the ventricles of monkeys and it produced a state of catatonia (rigidity) with irreversible EEG changes which lasted up to three months.

Dr. R. Heath was working on taraxein in Tulane University with his chemist, Dr. B. Leach. Psychiatrists didn't like what he was doing. Dr. Heath and Dr. Leach were looking for substances in schizophrenic blood which might increase the conversion of adrenaline into adrenochrome. They found some substance, but they also found similar ones in people who were physically ill, proving that schizophrenics are physically ill. In their search they found Ceruloplasmin, and from this they extracted taraxein. Dr. Hoffer and Dr. Osmond wondered what Ceruloplasmin has to do with schizophrenia.

Taraxein was found to produce behavior changes in monkeys similar to schizophrenic changes. Psychiatrists did not cheer these findings. Some of the so-called top psychiatrists showered Dr.

Heath and Dr. Leach with a barrage of bad-tempered ill-considered criticism which nearly destroyed their work. They claimed they were falsifying their data. Luckily the work is corroborated and today the existence of taraxein is accepted as a fact.

What had Dr. Osmond and Dr. Hoffer accomplished?

In 1956 Dr. Osmond said, "The hypothesis so far has stood up to scrutiny and encouraged fruitful inquiry which is all one can ask of a hypothesis which must either lead to greater knowledge or be discarded."

Later he said, "It has been one of our major contributions to show that chronic and acute schizophrenics are part of a continuum. This alone would justify every cent we have used."

Then it became clear that they had accomplished a revolution in psychiatric thought. Most psychiatrists at first did not recognize this revolution, but now were beginning to sense the onrush.

The year 1957 was very important in biochemical schizophrenia research. The research biochemists found that it was possible to synthesize pure adrenochrome and adrenolutin; adrenochrome was present in plasma and urine; adrenochrome can be formed in the presence of enormous quantities of vitamin C and therefore must play a very important function in the body; adrenochrome is more stable in schizophrenic plasma than in normal plasma and tends to form more adrenolutin; acute hallucinated schizophrenics are high in adrenochrome, but not chronic schizophrenics; LSD markedly increases adrenochrome levels and this coincides with the height of the experience, but in most cases levels are normal within 48 hours. They had evidence of a new derivative of adrenolutin, but did not know what it was. These findings strengthened their hypothesis.

By the end of November, 1959, Dr. Hoffer was encouraged to note that several psychoanalysts found their view quite satisfactory. Leaders of the analytic movement, however, were becoming concerned, indicating that they were reading the Hoffer-Osmond papers. Some got through to Dr. Griff McKerracher, director of Provincial Psychiatric Services, who suggested that Dr. Hoffer be more temperate in his criticisms.

"I told him that science imposes certain responsibilities upon its practitioners," Dr. Hoffer reported to Dr. Osmond. "One is to criticize rationally ideas one believes to be erroneous without criticizing the man himself. This point is not accepted readily by psychiatrists.

"I know several psychoanalysts who are quite interested and who integrate their approach with ours. Basically there is no antagonism between our hypotheses since they concern themselves with etiology and description and we concern ourselves with mechanism . . ."

But dissatisfaction was growing because of lack of money and lack of space. The research received its first grant from the Canadian government in 1952, about the time when a new controversy was beginning to boil in psychiatry between those who maintained that the mescaline experience and the LSD experience were similar to schizophrenia and were therefore valuable to study and those who maintained that these drugs produced toxic psychoses and therefore had nothing to do with schizophrenia. When Dr. Hoffer and Dr. Osmond entered the scene with their LSD studies it looked as though those who maintained that these experiences had nothing to do with schizophrenia were getting the ascendancy. In 1954 the research obtained the Rockefeller Foundation grant, a startling phenomenon in Canadian psychiatry. This diminished the antagonism and lent some respectability to the research. Later, however, the Ford Foundation turned down the research request for a grant, and it was suspected that this was due to the heavy Freudian loading of Ford's advisers, four out of five of whom were analysts and the fifth later to become an analyst.

In 1956 the Saskatchewan Provincial

Treasury froze funds in Dr. Hoffer's research account. Dr. Hoffer did not know why. It would take a battle to release it, but Dr. Hoffer had the support of Dr. McKerracher, Professor of Psychiatry at the University of Saskatchewan, and Dr. Sam Lawson, Director of Psychiatric Services. Ottawa was beginning to waver on the annual grant to research.

About 1960 the number of researchers in the country began to increase, but the federal government did net increase the amount of money available to meet the greatly increased costs of research. Thus while in 1954 the research group could get a competent chemist for $6,000 a year, in 1964 it took $16,000.

"We tried to get increased grants, but then the research committees became more hostile," Dr. Hoffer said years later. "In Saskatchewan two senior psychiatrists had a quarrel, and one left to become head of the Mental Health Section of the Health and Welfare Branch in Ottawa. From that moment on, Dr. O., as we will call him, took it upon himself to make it a personal vendetta to do as much harm to Saskatchewan research as he could as a way of attacking the other psychiatrist who was not actively involved in research. It wasn't that he was very much against me or the research, it was just that he was out to get us all."

So Dr. O. started what Dr. Hoffer called "a very cute policy." In the past every research proposal was submitted to two people for examination, one a member of the committee and one an outside scientist. This meant that one of those who had reviewed the grant was at an open meeting where he could be attacked or where the grant could be discussed with him, thus reducing the chance of biasing the evaluation by selecting people for or against.

Dr. O. began using two outside referees so that if he didn't like a research proposal or if it came from Saskatchewan he would send it to two referees whom he knew to be very hostile toward it. As a result, in 1964 all Saskatchewan proposals were turned down, including a research proposal of about $35 to $45 thousand dollars in North Battleford which had primarily to do with the mauve factor work that Don Irvine was doing and with clinical studies. There was no negative report from Ottawa so, to everyone's surprise, a month later Dr. Hoffer was informed that all the grants had been approved.

"This was very strange, and I discovered six months later what had happened," Dr. Hoffer related. "At that time Dr. L. B. Pett had just been put in charge of all research grants in the health field and he was sitting in on all committee meetings, including this one. When he saw what the psychiatrists did to our research proposals he became violently angry and went to the Deputy Minister of Health and told him what had happened. Dr. O. was roundly rapped for his part in the business. They took away his right to look after grants and it was Pett's personal decision to reinstate all the grants that Dr. O. had cut.

"At that time there was a lot of attack on our grants, but it wasn't really an attack on me. It was an attack on Saskatchewan for many reasons, among them making claims that other people didn't believe, for example, reducing the patient hospital population. For a long time this was looked down upon as a great hoax by the rest of the world. Basically the main difficulty in getting research grants is that governments have not yet accepted the fact that research is a valuable enterprise. They consider that caretakers in the Legislative building are more important than research workers because they put them on an annual salary whereas research workers have to beg for their salary every year."

In 1960 Dr. Osmond began to be dissatisfied with the research climate in Saskatchewan. Dr. Lawson, Director of Psychiatric Services, had decided to disband the Saskatchewan Committee on Schizophrenia Research because he was afraid of University influence. He said he wanted to protect the research from criticism and formed a new committee

which did not include Dr. Osmond. What were the criticisms? Dr. Hoffer and Dr. Osmond did not know, but they could guess: the Hoffer-Osmond claims were exaggerated; their methods were suspect; their work was no good. Dr. Osmond suggested that they look at Saskatchewan very critically as a base for their operations. He advised that they go slow on the proposed research institute as it had not been welcomed handsomely.

"We seem to be one of the very few groups with an excess of ideas and very little cash and hardly any space," he said. "We have done so much, yet do not have a roof over our heads."

In April, 1960, Dr. Osmond thought he knew what the trouble was.

"We need to grow a beard apiece, have deferential assistants surrounding us and become bloody obscure, pompous, and rude. We would then have not the slightest difficulty in impressing our colleagues with the excellence of our ideas. At the moment we are much too sensible and ordinary in both appearance and behavior."

In October, 1960, Dr. Hoffer made their annual assessment of their long association in research.

"Looking back at the past nine years it is quite obvious that we did everything wrong for getting public acceptance of our work and did much good in getting our research eventually accepted by our peers—the scientists. Educators and administrators are usually one or two decades behind the investigator. To get popularity we would have sensed currently popular research areas. These were endocrines in 1950-52, stress theories in 1952-54, tranquilizers in 1954-57, and energizers in 1957-60. Our attitude would have been that of quiet skepticism, criticism of methods, criticism of clinicians, of anecdotes and knowing statements that everything is important and that psychotherapy is the key to everything. We would have been held up as model researchers, have been invited to sit on various commissions as experts, but would have added little science. Our own personal gain would have been greater, but there would have been no fun. Instead we gambled our careers, our lives, and our welfare on ideas everyone knew were crazy. We have questioned all attitudes, all tests, and have made teachers and administrators uncomfortable. We have presented our ideas and evidence for them as honestly as possible and we have not displayed false modesty. In short, we have done research."

In 1961 Dr. Osmond returned to England and later became director of the Bureau of Research in Neurology and Psychiatry, Princeton, New Jersey. He is now at Bryce Hospital, Tuscaloosa, Alabama.

Dr. Hoffer realized the shaky position of the research. As long as he and his staff were dependent on outside grants, they were vulnerable to those who wished to see the research program destroyed.* The government, he said, should provide half the research budget. The government did not agree or disagree. It ignored the problem.

During those years the questions continued to go on. Why do acute schizophrenics respond to niacin differently than chronic schizophrenics? How does one go about investigating liver function in schizophrenics? There were very few metabolic reactions well enough established to give them detailed information, but it was likely there was some defect in handling indole substances. They continued to probe these and other questions in a total research space in the whole province of 2,500 square feet. This did not compare favorably with a United States set-up where there was 28,000 square feet for basic research alone. Saskatchewan researchers had done a vast amount of work in wholly inadequate quarters. How much more could they accomplish with space, some security of tenure, money?

Dr. Hoffer had asked the government to build a research hospital. Premier T. C. Douglas had agreed and his successor, Premier Woodrow S. Lloyd, made the announcement. An election was held, and a new government came in. The

latter said they would honor the commitment of the previous government. But they didn't. Although they had voted an initial $100,000 for a research institute, they reneged on their promise due to the inactivity and hostility of politically activist members of the Department of Public Health. In addition the College of Medicine refused, by delaying a decision for nearly two years, to allow a research institute to be built on the campus of the University of Saskatchewan at Saskatoon.

A committee chaired by Prof. A. Bailey was hopelessly split with two scientists, Prof. C. McArthur and Prof. L. Jacques, in favor, and one neurologist plus Chairman Bailey against. Bailey's main reason was that the College of Medicine could not permit an independent Research Institute in Psychiatry since it would be better known and attract more residents than the Department of Psychiatry of the University of Saskatchewan. The committee waged many serious battles, but finally died. The dean refused to take a public position.

Since it was clear that no institute could be built in Saskatoon, Dr. Hoffer recommended it be located in Regina away from a College of Medicine which was so fearful of innovation it would try to suppress research.

The whispering campaign, which Dr. Osmond feared, had begun.[3] It boiled over into the larger community, first in little skirmishes when, for example, an overenthusiastic member of the publicity committee, Saskatchewan Division, Canadian Mental Health Association (i.e., the author) sent out publicity stating that schizophrenics can get well. No one read the publicity except government psychiatrists and the National CMHA in Toronto. Letters of outrage and protests that we were raising false hope poured in from Dr. J. D. Griffin, general director, Toronto, and from CMHA presidents and vice-presidents in Vancouver and Nova Scotia. I. J. Kahan, then executive director, CMHA, suggested they prove the hope given is false. CMHA decided to sponsor three double-blind niacin studies in eastern hospitals.[4] But the Saskatchewan directors and other volunteers were frightened. They banned the word "schizophrenia" from its publicity and meetings and avoided the word "niacin" because, they said, this would be commercial advertising.

A Regina organization saw that the community stood to gain a great deal from research findings. For years they negotiated with the CMHA and their representative, Mr. Kahan, regarding a workable plan for a mass survey of malvaria, an early stage of schizophrenia. The ACT (Associated Canadian Travellers) had committed itself to raise funds for the research building which was so badly needed, but now they were tired of waiting for the government to make up its mind.

January 10, 1969, Lionel Eberts, chairman, Regina Club, ACT, wrote to Mr. Kahan: "Further to our discussion and correspondence regarding the Mass Survey for Mental Illness, at the General Meeting of the ACT Regina Club held on Saturday, January 6, 1968, the following Resolution was approved: 'That the Funds contributed to the Mental Health Research Building be now used for Detection and Prevention Work.' By this we intend that donations in 1968 and subsequent years will be used for Surveys and Preventive work and if possible that past donations which were marked for Building may be used instead for the Preventive work."

The proposed mass testing program would involve a community in southern Saskatchewan where an interested doctor had arranged to have residents tested at the local hospital. After speaking to many citizens he had concluded that there would be no hostility to testing chemically for malvaria. This promised

3 "Schizophrenia," by Alan Edmonds, Maclean's, May 14, 1966, gives a good roundup of the whispering by psychiatrists, some of whom would not give their names—a typical procedure.

4 The Ban-Lehmann studies which the CMHA later used as a weapon against megavitamin therapy.

to be an exciting experiment and a prelude to an effective prevention and public health program. It would pave the way for testing of residents in other communities and cities in Saskatchewan. It would establish the ACT once again as a pioneer organization in prevention of illness—before with tuberculosis, now with mental illness. It would establish the CMHA as a leader in bringing about improvements in the mental health field.

Early in 1968 Mr. Kahan was invited to a special meeting with the ACT to discuss further plans for the preventive research program. He came prepared to give facts and figures and found himself viciously attacked by an ACT official from Saskatoon who had conducted an informal survey of "experts" in Psychiatric Services and University Hospital, Saskatoon. The result of the "survey" was a bizarre collection of ad hominem attacks. The final argument was that Psychiatric Services officials were aghast at the proposed program.

The CMHA rejected the mass testing program and bought a "dream" house with ACT money. Here graduate students in psychology in Saskatoon studied "sleep and dreaming processes during mental illness" and other matters not directly related to the immediate welfare of the patients.

The CMHA accepted a proposal from the government that they would receive large grants for their rehabilitation centre providing the government decided who their rehabilitation director would be and maintained a government official on the CMHA board. The CMHA in Saskatchewan is no longer a voluntary lay organization but an arm of the government, charged with explaining government policies to the public and apologizing for the failures of the community psychiatry program.

Mr. Kahan was asked recently how he felt about the rejection of the mass testing proposal now, looking back over the years.

"In general I feel sad about this rejection," he said, "not only because the world lost a great opportunity to do some meaningful research, but also because the reasons given for the rejection were emotional, subjective, and biased. I think now that this experiment would have given us priceless knowledge on diagnoses, treatment, and prevention, whether it was successful or not. As I had tried to point out, when doing research you are never sure of the results and often even negative findings are extremely valuable. However, the attacks did not deal with the real issues of research, but were personal attacks and insinuations. The attacks were spearheaded by an individual who had obviously been carefully coached by professionals who did not have the courage to discuss the issues directly with the people concerned.

"One of the benefits derived from this was that it provided a clear demonstration that there was really no one who could work for the schizophrenics and the mentally ill without undue influence from traditional professionals and governments. As a result the Canadian Schizophrenia Foundation had to be formed."

In 1967 Dr. Hoffer went into private practice in Saskatoon. In an interview in 1968 he gave his reasons for resigning as Director of Psychiatric Research for Saskatchewan.

"As long as I was involved primarily in research there was no government interference," he said. "But as our work became widely known I was forced more into development. Modern news media have science writers whose job it is to present scientific news to the public. Medical articles no longer lie buried in medical journals, but may be widely publicized by radio, television, and press. As development grew I found more and more evidence of increased resistance from the government until in the middle of 1966 it was very clear that I could remain on my job as Director of Psychiatric Research only by giving up my freedom to do what I considered was correct. I could have kept my job forever if only I would put in my $36^{1}/_{2}$ hours per week, make sure all the useless paper

work was done, publish no more papers, and stop bringing any more attention to our research.

"It became clear that funds from head office were being withheld and transferred to other sources so that it became impossible to hold senior scientists. In short it was clear (1) the Department of Public Health was embarrassed by our research, (2) it wanted to get out.

"A succession of deputy ministers with little interest in psychiatry did not help the situation.

"The final factor was that the research institute was not built. My main reason for leaving the University as associate professor at the same time was that I did not feel comfortable surrounded by a group of friendly enemies who did their best to prevent any public acceptance of our work.

"The objectives of the Department of Psychiatry included being warmly accepted by the profession. This meant that no disturbing ideas should be promulgated. Thus I remember being told by a senior psychiatrist that I was not very popular among doctors. This statement was obviously untrue as my popularity in private practice shows. But it was true that I was in fact unpopular among professors of psychiatry in Canada. I replied that had I wanted to win a popularity contest I would not be doing research in psychiatry.

"Another reason was that the Department of Psychiatry tried to adopt a form of censorship of my writings and public speeches. Finally I was well aware that psychiatrists in private practice are exploited by the University Hospital in that they must provide much teaching and other services for which they are not paid. This was done because it is considered prestigious to have a pseudo academic appointment as clinical professor. As associate professor of research psychiatry I did not need this kind of recognition. I have never regretted my decision to resign and go into private practice."

The Schizophrenia Foundation of Saskatchewan was born late in 1968 with
Dr. Hoffer as president and Mr. Kahan as executive director. The SFS was followed more than a year later by the Canadian Schizophrenia Foundation, with headquarters in Regina, Saskatchewan, and Mr. Kahan as director. The function of organizations like the CSF and the ASA-HI BR is to rescue sick people from illnesses which cripple and kill and not to please governments and professions. Dr. Hoffer and Dr. Osmond were soon joined by psychiatrists like Dr. A. Cott and Dr. David Hawkins and others in the determined and often bitter battle to restore the body and the art of healing to psychiatry.