

**"SAFE FROM UTOPIA?":  
THE LSD CONTROVERSY IN SASKATCHEWAN, 1950-1967**

**by**

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**B.A. Honours, The University of Regina, 1993**

**A THESIS SUBMITTED IN PARTIAL FULFILMENT OF  
THE REQUIREMENTS FOR THE DEGREE OF**

**MASTER OF ARTS**

**in**

**THE FACULTY OF GRADUATE STUDIES**

**(Department of History)**

**We accept this thesis as conforming  
to the required standard**

**THE UNIVERSITY OF BRITISH COLUMBIA**

**April 1996**

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Date 24 April 1996

### Abstract

The controversy surrounding the use of LSD as an adjunct to psychotherapy for alcoholics in Saskatchewan has not been explored by social or medical historians. From 1950 to 1967, Saskatchewan psychiatrists developed new treatments for chronic alcoholism by using LSD on themselves, on volunteers and finally on patients. Despite early success and praise, the use of LSD in psychotherapy was later condemned by the media, the general public, the medical profession and eventually the federal government and was discontinued after being banned in 1967.

The reasons for the ban were far-reaching and diverse. LSD was exploited by the counter-culture for "kicks" and was later abandoned by pharmaceutical companies because of the negative reputation lay-professionals and the media had bestowed upon its therapeutic use. As it turned out, legitimate LSD research became too clouded in controversy to survive the 1960s as researchers failed to convince the masses that the drug did not pose a threat to the well-being of society. In many respects, the LSD controversy can be seen as more of a moral panic than a scientific debate.

Nevertheless, the LSD controversy provides a unique and much needed look into the history of medicine from a social perspective, illustrating that social values often have more impact on medical research than empirical validity. As recent evidence suggests, the psychotherapeutic potential of LSD -- as developed by Saskatchewan psychiatrists -- has not been forgotten. Indeed, a renewal of interest in LSD research has surfaced in several U.S. states as American psychiatrists are discovering, once again, that LSD can be a valuable psychiatric research tool.

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The dynamics of the debate surrounding LSD experimentation in Saskatchewan in the two decades following the Second World War have not been well documented by social historians. The growth of psychiatry, the implementation of Medicare and the general history of mental health in the province have all been examined, as has the government's role in these developments.<sup>1</sup> But few historians have endeavoured to look beyond these broad themes, let alone explore the field of medicine from a social perspective.

In the past, scholars, usually physicians posing as amateur historians, have tended to convey their findings in terms familiar to their colleagues, not the layman. Such works, S.E.D. Shortt contends, merely reflect the Whig assumptions -- "the professional creed" -- of their authors, especially their unflinching "faith in the progress of science."<sup>2</sup> These studies also lack objectivity, mainly the ability to analyze the dynamics within a larger conceptual framework. As a result, a body of research has surfaced which is, as Wendy Mitchinson observes, uncritical, unanalytical, and reductionist.<sup>3</sup>

Perhaps due to a paucity of available sources, professional historians have also experienced difficulty when writing the social history of medicine. According to Mary-Ellen Kelm, "historians have seldom been able to extend their studies beyond the confines of psychiatric thought and practice."<sup>4</sup> Shortt agrees, stating that neither the patient, the community, nor areas outside medicine have been considered.<sup>5</sup> George Rosen also laments the exclusion of social factors in medical history,

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asserting that it has suffered from a traditional iatro-centric (or physician-centred) approach: "While the significance of social factors are recognized, this aspect is relegated to the very periphery of the picture."<sup>6</sup>

Beginning in 1950, a group of Saskatchewan doctors and psychiatrists determined a new direction for the treatment of mental illness, alcoholism in particular, by using a relatively new and seemingly revolutionary drug, LSD-25. However, despite early success, their use of LSD-25 as an adjunct to psychotherapy was later met with accusation and condemnation by the media, the medical profession and eventually the federal government. As quickly as it had appeared, the experimental use of LSD-25 was concluded in the late-1960s, laid to rest by the hands of prejudice not science.

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The scientific name of LSD is *d*-lysergic acid diethylamide tartrate. It is also known as LSD-25 and Delysid. The acronym itself is derived from the German translation, Lyserg Saure Diethylamid.

LSD is a semi-synthetic compound derived from the ergot fungus (*Claviceps purpurea*), which grows in the seeds of rye and other grasses. Although it was first synthesized in 1938 by the Sandoz Research Laboratories in Basel, Switzerland, its perception-altering effects were not discovered until 1943 when Swiss chemist, Albert Hofmann, accidentally ingested the drug. In his laboratory journal he noted the effects of LSD:

I noted with dismay that my environment was undergoing progressive change. Everything seemed

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strange and I had the greatest difficulty in expressing myself. My visual fields wavered and everything appeared deformed as in a faulty mirror. I was overcome by a feeling that I was going crazy, the worst part of it that I was clearly aware of my condition....

I was seized by a peculiar sensation of vertigo and restlessness. Objects, as well as the shape of my associates in the laboratory, appeared to undergo optical changes....In a dream-like state I left for home...[where I] fell into a peculiar state of 'drunkenness' characterized by an exaggerated imagination....After two hours this state gradually subsided.<sup>7</sup>

Since then, thousands of scientific papers have emerged, many of which substantiate the positive role that LSD can assume as an adjunct to psychotherapy.<sup>8</sup> However, LSD experimentation was also harshly criticized, both professionally and in the press, until it was finally abandoned after being banned by the federal government in 1967.

The first and only study of LSD experimentation in Saskatchewan came in 1992 when Canadian Broadcasting Corporation journalist Kenneth Bell highlighted the impact of LSD "testing" on the lives of those to whom it was administered.<sup>9</sup> Arguing that the objectives of the Saskatchewan psychiatric community were not grounded on sound experimental principles, let alone empirical research, Bell drew attention to a select number of individuals who claimed to have suffered continuously from their experiences with the drug. However, these "individual" experiences offered only a cursory, if not ill-considered, analysis of a far more complex issue.

At first glance, Bell's assertion seemed accurate: by today's medical standards, such experimentation could be seen as both litigious and unethical. But can we judge this experience by modern scientific standards? Indeed, as barbaric as

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labotomies or electro-shock therapy seem today, we must still accept that these forms of treatment occurred and appreciate the conditions under which they took place. To do otherwise ignores the complexities of the more diverse debate surrounding the issue.

By focusing solely on the volunteers who were tested, Bell also ignored the more significant aspects of LSD experimentation. As we shall see, LSD research took three forms: it was used experimentally by psychiatric doctors and nurses; volunteers were offered an opportunity to "experience" the effects of the drug under medical supervision; and, most importantly, it was used as an adjunct to psychotherapy for alcoholics. By concentrating on only one aspect of LSD research, Bell misinterpreted the original premises upon which successful LSD experimentation actually took place.

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In the early 1950s, psychiatric doctors and nurses throughout the world, realizing the potential usefulness of LSD in psychotherapy, experimented with LSD on themselves because of its ability to induce psychotic behaviour. Indeed, by understanding what it was like to be mentally ill, they believed they stood a better chance of helping patients who were mentally ill. As Max Rinkel, Senior Research Consultant of the Massachusetts Mental Health Centre and chief practitioner of such research, reported, "we found that our nurses who had received LSD in experimental sessions unanimously declared taht [sic] now they have a better understanding of their patients

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with whom they deal."<sup>10</sup> According to Abram Hoffer, Director of Psychiatric Research, Department of Public Health, the same was true in Saskatchewan.

Convinced that their private LSD experiences resembled those of latent schizophrenics, Hoffer and his Saskatchewan colleagues felt that by exploring the effects of LSD on themselves, they would be "much better professional people."<sup>11</sup> However, while such personal experimentation proved to be enlightening, Saskatchewan psychiatrists recommended against using the drug when treating patients. According to Hoffer, "the results when the therapist took LSD [simultaneously with the patient] were only half as good" as regular therapy sessions.<sup>12</sup> But this did not undermine the therapist's own experimentation with the drug. Indeed, as outspoken University of Saskatchewan (Regina Campus) psychology professor Duncan Blewett maintained, "It should be absolutely illegal for somebody to offer themselves as a guide into any dangerous territory unless they've been there."<sup>13</sup> Nevertheless, aside from creating a harmony between doctor and patient, the more direct therapeutic applications of LSD were still unstudied.

In 1952, Saskatchewan psychiatrists began to apply their "model psychosis" theory, hypothesizing that by dispensing LSD to normal subjects, usually themselves or volunteers, they could determine the factors that caused mental illness, such as alcoholism or schizophrenia.<sup>14</sup> Conversely, they also posited that by administering the drug to the mentally ill, they might enact a "double negative": if it made normal people psychotic,

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it might help make psychotic people normal.<sup>15</sup> Yet regardless of the apparent benefits, such research proceeded slowly in Saskatchewan as doctors there were "necessarily cautious" of the drug's possible harmful effects. As Saul Cohen of the Alcoholism Commission of Saskatchewan warned, LSD, used indiscriminately, could produce a far worse psychotic reaction.<sup>16</sup>

As their studies continued over the next year, Saskatchewan psychiatrists began to turn away from the "model psychosis" theory, asserting that it was the LSD "experience" that deserved attention, not the affect LSD had on the patient's biochemistry. Years later, Hoffer heralded this discovery as a watershed in LSD research. "It became apparent," he told an audience at the University of California at Berkeley in 1966, that it was "not the chemical [reaction], but the experience [that was] the key factor in therapy."<sup>17</sup> Indeed, realizing that increased attention to the "model psychosis" theory might lead their research into a dead end, Saskatchewan psychiatrists proposed that LSD be used instead as an adjunct to psychotherapy, especially for alcoholics. But that decision also posed some initial problems, namely that alcoholism had yet to be properly defined by Saskatchewan psychiatrists.

When their research into LSD began in 1950, Saskatchewan psychiatrists posited that alcoholism was the result of a biochemical imbalance in the body that failed to reduce stress.<sup>18</sup> Knowing this, they set out to explore the effects of LSD on the body's biochemistry. Two years later, when it was

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discovered that LSD did in fact increase the amount of adrenochrome in the body, Saskatchewan researchers proposed that LSD could help alcoholics by increasing their ability to deal with stress.<sup>19</sup> And because LSD had already helped many volunteers in this manner -- "by producing some degree of relaxation...and by producing some strong insight and psychological re-orientation"<sup>20</sup> -- Saskatchewan psychiatrists felt they were ready to start treating alcoholic patients with LSD-25.

In 1953, Humphrey Osmond, Superintendent of the Weyburn Psychiatric Hospital, teamed up with Hoffer to treat the first two alcoholics with LSD.<sup>21</sup> However, while their results substantiated the adrenochrome theory, the apparent success of the experiment seemed to have been the result of several different factors. Paradoxically, although the LSD allowed the patient to "relax," it also created a new form of model psychosis which closely resembled delirium tremens (DTs).<sup>22</sup> But rather than stall experimentation, their discovery that it was possible to induce artificial delirium tremens spawned a new theory into the treatment of alcoholism. As Hoffer explained,

When we learned that in some cases Alcoholics stopped drinking after hitting bottom and that in some cases hitting bottom meant having delirium tremens it occurred to us that a controlled delirium tremens given under ideal conditions might also be effective in helping some alcoholics remain sober.<sup>23</sup>

But because delirium tremens often proved fatal -- some studies estimated the mortality rate to be as high as ten percent<sup>24</sup> -- Hoffer and Osmond were initially cautious. Nevertheless, after failing to initiate model DTs in volunteers,

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they once again turned to alcoholics, reasoning that because the LSD experience was carried out in a controlled setting, their subjects would be safe. This type of therapy, Hoffer and Osmond proposed, "could avoid all the undesirable features of the natural delirium tremens experience," and "a frightful experience which modelled the worst in natural delirium tremens could persuade [their] alcoholic patients not to drink anymore."<sup>25</sup> However, as we shall see, they had still only scratched the surface of the drug's potential.

As further studies demonstrated, Saskatchewan researchers found that LSD acted more like a catalyst than a toxin in humans. As California psychiatrist Oscar Janiger confirmed six years later, LSD was "mainly responsible for triggering the psychotic reaction," and the events that followed were "no longer dependent upon its presence."<sup>26</sup> Similarly, Hoffer and Osmond reported that "LSD is so active in producing psychological changes in man that it can hardly be a toxin in the usual physiological sense."<sup>27</sup> With these results in mind, Saskatchewan psychiatrists posited that the seemingly "natural" biochemical reaction to LSD could be used for other purposes than solely producing a "chemically-created delirium." Realizing this, they set out to *treat* mental illness, alcoholism in particular, rather than merely *reproduce* it.<sup>28</sup>

In 1957, after close to four years of extensive study, Hoffer and Osmond determined that LSD could be employed more usefully during a psychedelic (mind manifesting) "experience" than during a psychotomimetic (model psychosis or psychosis-

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mimicking) episode.<sup>29</sup> To them, LSD had become increasingly beneficial to psychotherapy because of its ability to break down the natural defensive barriers of subjects, thereby making them more open to psychiatric counselling. As Hoffer explained, "by 1957 it was apparent that even though many of our patients were helped by LSD, it was not its ps[y]chotomimetic activity which was responsible." Of equal importance, the psychedelic experience appeared to be mutually beneficial for both patient and therapist. "Our psychiatrists," Hoffer and Osmond reported, "were more at ease working with the psychedelic experience because it was possible [for them] to establish a therapeutic relationship and to use psychotherapy."<sup>30</sup> Consequently, LSD practitioners shifted their focus, arguing that to be truly useful as an adjunct to psychotherapy, LSD-25 would have to be used as a psychedelic.

The following year, fascinated by the work of psychiatrists at the Hollywood Hospital in New Westminster, British Columbia, Hoffer and Osmond invited A.M. Hubbard, Hollywood's Director of Psychological Research, to demonstrate, under controlled conditions at the University Hospital in Saskatoon, some of the techniques he had developed using LSD as a psychedelic. Inspired by Hubbard's methods, Hoffer, Osmond and Blewett soon teamed with Nick Chwelos, Research Psychiatrist, Saskatchewan Hospital, Weyburn, and Colin Smith, Deputy Director of Research, Saskatchewan Department of Public Health, to conduct their own experiments. The resulting study<sup>31</sup> was the first one in which the psychedelic method of treating patients was published.

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A report on the therapeutic effects of LSD on 40 alcoholics patients (see Table 1), Chwelos et al. concluded that "self-surrender and self-acceptance are more easily achieved in the LSD experience" and that "the resolution of the problem of the alcoholic lies in this surrender." More importantly, though, they also discovered that using LSD as a psychedelic facilitated the recall and abreaction of "forgotten or repressed" material, which promoted the patient-therapist relationship and accelerated the process of "psychoexploration."<sup>32</sup> However, as was soon discovered, the revival of repressed memories was not the only result of psychedelic treatment.

A year later, in a paper presented to the symposium on the Clinical and Therapeutic Use of LSD at Napa State Hospital, Napa, California, Dr. James Terrill, a psychiatrist in the Palo Alto Clinic mental research institute, reported that "when positive changes have occurred [in psychotherapy] they often seem to have occurred in terms of the person's value system rather than in terms of revived memories."<sup>33</sup> Indeed, although the recall of repressed memories was an important element in the therapeutic process, long-term success in psychotherapy was usually the result of the patient's desire to reconcile their problems, not just to remember them. Seen this way, the realization of the "self" proved to be yet another important corollary to LSD therapy.

Evidently, because it induced a state of depersonalization and allowed the patient to "access the limits of self by going beyond them to find a new perspective not bound by an irrevocable

self-concept,"<sup>34</sup> many practitioners believed LSD inspired a notion of self-transcendence in the mentally ill. As Duncan Blewett told *MacLean's*, "It scares the pants off people the first time [but] there is a vastly increased sense of awareness [as]...the subject is able to see himself with startling clarity and feel deeply the hurts he has caused others."<sup>35</sup> And because of this, LSD provided "the psychological research worker with a tool as useful and powerful in psychology as is the microscope in biology or the telescope in astrology."<sup>36</sup> Yet, according to some practitioners,<sup>37</sup> such an important discovery should not be restricted to the mentally ill.

In subsequent years, LSD increasingly became the centre of attention in non-scientific circles throughout North America.<sup>38</sup> Indeed, claiming that this "shock of liberation" could produce a feeling of reconciliation with the world, hippies, beatniks and college students alike all began their own private experiments. However, despite the apparent benefits for the individual "self," the repercussions for legitimate LSD research were much greater. As we shall see, when LSD research was later criticized by the government and the press in the 1960s, the ambiguous concept of the "self" and its connection to the counter-culture only served to worsen the LSD controversy. Nevertheless, although the notion of the "self" would eventually discredit the drug's therapeutic application, it was an important breakthrough for LSD research based on the psychedelic model. And as further research attested, this work by Saskatchewan psychiatrists was indeed pioneering.

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In 1961, psychiatrists at the Hollywood Hospital reported that out of 61 alcoholics with poor prognoses, 30 were much improved and 16 showed some improvement due to treatment with LSD (see Table 2). Working from the same premise as their Saskatchewan counterparts (the "undiscovered self"), Hollywood psychiatrists concluded that in a controlled environment, the "psychedelic experience provides the opportunity for extensive emotional reeducation" and that psychedelic drugs "constitute another door...for approach to emotional problems."<sup>39</sup> Evidently, much of this success was achieved by the therapist's ability to get the patient to "open up." Indeed, as University of California medical doctors Sidney Cohen and Keith Ditman confirmed a year later, under the influence of LSD a patient's "recall of repressed memories were enhanced and ego defensiveness to conflict laden material were reduced."<sup>40</sup> If there ever was a golden age of psychedelic research, it was from 1959 to 1962.

During those years, more than 2,000 cases in Saskatchewan alone, reporting recovery rates ranging from fifty to eighty percent, evidenced the positive role LSD could play in psychotherapy.<sup>41</sup> And, as we have seen, the results published by Saskatchewan psychiatrists were not an anomaly. Indeed, as more than 300 scientific papers evidenced,<sup>42</sup> scientists and psychiatrists from all over the world believed LSD research to be of fundamental importance towards establishing a cure for alcoholism and other psychosomatic illness. Moreover, the consistency of these results was particularly noteworthy in view of the many uncontrolled factors that were known to influence

reactions to drugs and treatment outcome.<sup>43</sup> By all measures, LSD experimentation seemed to be an extraordinary discovery in the field of psychotherapy.

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In their 1983 article, "A Social History and Analysis of the LSD Controversy," historians Roy Baumeister and Kathleen Placidi concluded they "found no evidence...that the news media had portrayed LSD as attractive and desirable."<sup>44</sup> While this may have been true after LSD made its way into social and cultural circles after 1962, Baumeister and Placidi's argument ignores the period of LSD experimentation prior to that date. As a wealth of articles in the popular press show, LSD was indeed given credibility by both newspapers and magazines, as well as by the provincial government in Saskatchewan, in the late 1950s and early 1960s.

Although initially silent during early stages of research, Saskatchewan's two major newspapers eventually took a supportive interest in LSD experimentation. As early as 1957, the *Regina Leader-Post* reported that "Brilliant research is producing astonishing drugs and unlocking the mysteries of the brain," bringing on a "revolution of quickening change." Similarly, the *Saskatoon Star-Phoenix* wrote that "LSD produces a sensation of well-being and freedom from tension, and during this time the patient was helped by a greater insight into his problems." In subsequent years, convinced by medical reports that LSD was "a remarkable and powerful drug...[that] has brought lasting help to many patients," the *Leader-Post* even boasted of the inroads made

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by Saskatchewan psychiatrists, claiming that "Saskatchewan is far ahead of anywhere else in the world as far as treatment of alcoholics with LSD goes."<sup>45</sup>

In addition to the local press, national magazines and other provincial newspapers also championed LSD research. Sidney Katz of *MacLean's* reported that "alcohol clinics in Saskatchewan and British Columbia have been blazing a pioneer trail in the use of LSD" which "aroused excitement and enthusiasm in many informed quarters." Similarly, Muriel Clements of *Saturday Night* wrote that "LSD seems to teach acceptance," which "lowers the barrier between the conscious and the sub-conscious, permitting the patient to look more deeply into himself."<sup>46</sup> The *Vancouver Sun*, the *Toronto Globe and Mail* and the *Montreal Star* all drew attention to LSD's "highly effective" role as a adjunct to psychotherapy for alcoholics.<sup>47</sup> And as the *Ottawa Citizen* declared, "A striking aspect of the [LSD] treatment is that...cured patients have felt confident enough to indulge in moderate alcohol drinking without slipping back into habitual drunkenness."<sup>48</sup>

The success of LSD research in Saskatchewan was even reported in seemingly remote corners south of the border. According to *Scope Weekly*, Saskatchewan psychiatrists had proven that LSD provided scientists "with a powerful method for studying abnormal mental experiences." Moreover, "In spite of all the unknowns and uncertainties," *P/A* assured its readers that LSD had been "safely and constructively used in the treatment of...alcoholism." The *North Renfrew Times* even went so far as to

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predict that LSD would "probably hasten the day when quick, effective treatment of mentally disturbed people may be undertaken."<sup>49</sup>

LSD research was also reported nationally in the United States. In 1954, acknowledging that the therapeutic benefits of "LSD 25 have [previously] been much neglected," *Time* went on to report that "as an aid to psychotherapy, LSD 25 is the best of all such drugs so far tested." In a subsequent article, *Time* also praised the work of Saskatchewan psychiatrists, pointing to the fact that "Whereas Alcoholics Anonymous usually claims success in only 50%-60% of run-of-the-still cases [*sic*], Dr. Hoffer has dried out 50% of the 100-proof cases who had been failures in A.A."<sup>50</sup>

In addition, the work of Saskatchewan psychiatrists did not go unnoticed by the provincial CCF government or the civil service. As provincial Minister of Health Walter Erb told a radio talk show during Alcohol Information Week in 1960,

Some real advances have been made here in Saskatchewan and I think I should be remiss if I would not take this opportunity to pay tribute to the wonderful research that has been done in connection with the new drug LSD-25. It should be a matter of pride to Saskatchewan citizens that our own Psychiatric Services Branch has spear-headed the research in this area.<sup>51</sup>

Likewise, the Saskatchewan Bureau on Alcoholism was also impressed. As J.F.A. Calder, Director of the Bureau, boasted to the *Globe and Mail*, LSD had been "the only new development of any value in the treatment of alcoholics that we have found in 27 years."<sup>52</sup> F.S. Larson, Director of the Department of Health's Psychiatric Services Branch, also extolled the drug's success in

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alcohol research, though he cautioned that it should be used only under strict medical supervision and should not be available "at the corner drug store."<sup>53</sup> But regardless of such concerns, Erb was elated to report that LSD had been sanctioned by the civil service. "It gives our department great pleasure," he told the radio audience, "to know that the staff of the Bureau [on Alcoholism] are most enthusiastic about the results that have been obtained in many cases of treatment by LSD."<sup>54</sup>

But such praise for LSD was premature. In retrospect, Erb's support for LSD research appeared to be more "political" than sincere. As we shall see, when LSD experimentation was later criticized, the Department of Health severed all ties with its psychiatric program, essentially leaving it at the mercy of its critics, most notably the federal government. Nevertheless, in the short term the success of LSD research boosted the slumping image of the CCF.

In 1958, the *Western Producer* illustrated the strong alliance between the Saskatchewan psychiatric community and the CCF, asserting that Saskatchewan was "still the only province putting money into psychiatric research" and that the Saskatchewan Department of Health was fond of using national health grants to fund its psychiatric program.<sup>55</sup> And because health officials realized more research was needed, the Department of Health, "happy in the knowledge that real progress has been made already," continued to support LSD research knowing that "experts in the field of alcoholism believe that we are on the right track."<sup>56</sup>

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Nevertheless, despite regional, national, international and even governmental praise, a considerable tide of criticism to LSD experimentation had begun to mount. The years after 1962 would be quite different from the preceding decade.

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In many ways, 1962 proved to be a crucial turning point for LSD research in Saskatchewan. Although it had achieved critical acclaim in both the popular and scientific press and was endorsed by the provincial CCF government, LSD research faced a considerable challenge in some professional circles. In the short term, such criticism appeared to discredit the inroads LSD research had made in North America, especially in Saskatchewan where it had been pioneered. Of greater consequence, however, was the lasting critical attention the Canadian press and federal government gave to legitimate LSD research. As we shall see, unlike the previous decade, LSD practitioners found little support for their research after 1962.

The chief architect of such "professional" opposition to LSD in Canada was James S. Tyhurst, head of the department of psychiatry at the University of British Columbia. As early as 1959 in what became known as The British Columbia Report, Tyhurst argued that LSD had "no validated therapeutic value in psychiatry." By itself, this criticism did not hasten the cessation of LSD research in Saskatchewan or anywhere else. However, when the perils of non-scientific LSD use began to dominate newspaper columns and television programs after 1962, Tyhurst's opposition to legitimate LSD research gathered so much

momentum that for the first time it posed a serious threat to the work of Saskatchewan psychiatrists.

Despite the subsequent impact of his criticism, Tyhurst only attacked LSD research on two grounds. Initially, he claimed that the therapist's "power of suggestion" greatly influenced the patient and thereby predetermined the results of the experiment. According to this supposition, LSD was depicted as a "shame drug" which allowed the therapist to implant "a sense of alcoholic guilt in the patient's subconscious."<sup>57</sup> In addition, Tyhurst concluded, such suggestion played a major role in determining "the kind of psychological effects that developed."<sup>58</sup> Indeed, to him, LSD therapy was just another form of "scientific brainwashing."<sup>59</sup>

Tyhurst also argued that previous studies, many of which had reported successful results, often ignored several of the "controlled measures" which had come to be associated with "orthodox scientific methods."<sup>60</sup> By itself, this disregard for traditional scientific controls was not overly problematic; LSD therapy was, after all, a new form of treatment. The issue of scientific control, moreover, had already been addressed by Saskatchewan psychiatrists. As Duncan Blewett put it, "Using the scientific and experimental methods of present day psychology in the field of paranormal investigation is like trying to measure the distance to the moon with a yard stick."<sup>61</sup> However, when coupled with the therapist's power of suggestion, such "uncontrolled" experimentation, Tyhurst believed, was both manipulative and unethical.

According to Tyhurst, studies that claimed therapeutic value for LSD were "overly suggestive" and too often "characterized by the uncontrolled character of the investigations supporting them." Because of this, Tyhurst feared that the "mystical" qualities of LSD might entice the layman or the general public to indulge in its use. According to him, this "God in a bottle" quality not only promoted the unethical use of the drug, but also made it more attractive to those who opposed or resisted organized religion. LSD research, then, was "more characteristic of a cult than of responsible scientific investigation."<sup>62</sup> However, as we shall see, these criticisms were nothing more than unmitigated, irrational reactions to an issue Tyhurst in fact knew very little about.

Although he claimed to have been part of an "International Committee" which had completed a four-year study on the use of LSD in psychiatric research,<sup>63</sup> Tyhurst had not undertaken as comprehensive a study as he reported. According to him, "The principal research interest" of LSD practitioners had been "in investigating the alterations of perception, feeling and thinking...as a form of fundamental research on abnormal states of psychological functioning." But as Tyhurst later admitted, he had not studied the therapeutic value of LSD as "developed in the scientific literature," having only "heard [about] it quite frequently from those interested in the drug."<sup>64</sup>

Tyhurst was not alone in his condemnation of LSD experimentation. Indeed, as early as 1956 there were signs that the scientific community was divided over the issue of LSD

therapy. In their article published in the *American Journal of Psychiatry*, psychiatrists John McDonald and James Galvin attacked the usefulness of LSD in psychotherapy, claiming that it did not "possess therapeutic value sufficient to justify its use in psychiatric practice."<sup>65</sup> Similarly, although he admitted that the use of LSD was "of great importance in elucidating or understanding...psychodynamics," Dr. Paul Hoch concluded that the therapeutic value of LSD was "much less impressive."<sup>66</sup> And as F. Gordon Tucker, psychiatrist at the British Columbia Mental Hospital in Essondale, told the *Vancouver Province* in May 1962, there had been "no great success" with LSD, which had only proven itself as "a very doubtful treatment."<sup>67</sup>

Like Tyhurst, these "scientists" not only ignored the reported findings of Saskatchewan and British Columbia psychiatrists but also provided insufficient scientific evidence to support their claims. Consequently, their findings were by no means conclusive, let alone more controlled than those reported by Saskatchewan psychiatrists. For example, Tucker's study of only six cases proved that his conclusions, if not entirely predetermined, were based upon a sampling that was too narrow. Needless to say, this criticism caused considerable consternation in the Saskatchewan psychiatric community. As Hoffer commented wryly, "This nicely illustrates things going on at the west coast, where it is possible to say that six subjects makes a controlled trial whereas one hundred subjects at another centre is not controlled."<sup>68</sup> Likewise, J.F.A. Calder, Director of the Saskatchewan Bureau on Alcoholism, dismissed Tyhurst's

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"distanced" criticisms as those of an amateur: "His second hand knowledge does not agree with our first hand experience with the drug." Blewett echoed this sentiment, claiming that opponents to LSD in British Columbia and elsewhere "know as much about it as I do of the type of ballet danced in Persian harems." And C.G. Costello, a psychologist at the Regina General Hospital, added that "Until Prof. Tyhurst and other critics present clear evidence of the dangers of LSD, we need not be unduly worried."<sup>69</sup>

As we have seen, the success of LSD in treating alcoholics had been well-documented in the scientific press. Knowing this, it becomes easier to see that Tyhurst's objection to LSD research had more to do with his concern for morality than with any scientific wrongdoing. Apparently, this was not uncommon behaviour for James Tyhurst. According to biographer Christopher Hyde, Tyhurst "had little practical experience as a medical doctor or as a psychiatrist" when he moved to UBC in 1958.<sup>70</sup> Moreover, Tyhurst also confessed that he had not taken LSD himself and that he had conducted no "adequately controlled research into the uses of the drug therapeutically."<sup>71</sup> Importantly, Hyde also noted that Tyhurst's initial training had been in engineering and only later had he moved on to psychiatry. From this evidence, it is obvious that James Tyhurst was more concerned with the "direct and immediate withdrawal of LSD-25" than with producing a systematic, "scientific" rebuttal to its therapeutic use.

Yet surprisingly, criticisms such as Tyhurst's were even apparent in the minds of some Saskatchewan psychiatrists.

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According to Hoffer, Dr. P. O'Reilly, Psychiatric Director of the Moose Jaw Hospital, had "started out with a very strong bias against [LSD]," but, unlike Tyhurst, was later convinced of its therapeutic value by conducting his own experiments.<sup>72</sup> But Dr. M. Rejskind, Director of the Munroe Psychiatric Wing at the Regina General Hospital, was not as easily convinced. "I...have seen no proof LSD has in any way helped," he told the *Leader-Post*, "There are no fewer alcoholics now than there were when we started using it."<sup>73</sup> Although this statement seems out of context for a Saskatchewan psychiatrist, it is important to note that Rejskind, like Tyhurst, had not paid close enough attention to the work of Hoffer and Osmond. Nevertheless, in the years ahead Saskatchewan psychiatrists struggled to continue their research as the crusade against the use of LSD as an adjunct to psychotherapy intensified.

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The specious legitimacy of Tyhurst's criticism and the repudiation of LSD research by the media and the federal government after 1962 are not easily understood, especially considering the wealth of scientific evidence that attested to the positive role LSD could play in psychotherapy. As we have seen, Tyhurst's qualifications as a reputable psychiatrist and credible opponent of LSD research were unproven. Knowing this, one must turn to the social and political context surrounding LSD experimentation in order to better understand the general tide of criticism that arose in the mid-1960s. As we shall see, although the debate surrounding LSD experimentation was diverse and far-

reaching, the issue of morality, especially the maintenance of the 1950s *status-quo*, became the driving force behind the fight to abolish LSD research based on the psychedelic model.

Perhaps the most damaging testimony against the use of LSD in psychotherapy came not from Canada, but from the United States. Referred to as the "Harvard affair" or the "Harvard University drug scandal," this investigation centered on two years of LSD experimentation carried out by Harvard psychologists Timothy Leary and Richard Alpert. Initially conducted under the auspices of the Harvard School of Medicine, Leary and Alpert later began off-campus investigations in private homes, using as their subjects graduate students, friends, other doctors and even artists. As these "private" studies continued, LSD became increasingly popular in both academic and counter-cultural circles -- a fact that prompted Harvard officials and U.S. health authorities to interrupt LSD research in 1962. Consequently, fearing the apparent "cultogenic"<sup>74</sup> appeal of LSD might be exacerbated, LSD research was cancelled at Harvard and both psychologists were dismissed.

According to university officials, Leary and Alpert did not exercise the necessary caution in selecting candidates for LSD research. In the words of John U. Monroe, dean of Harvard College, "Playing with [LSD in this manner] is like playing psychic Russian roulette." Harvard psychiatrist Theodore Rothman also condemned Leary and Alpert, claiming they were nothing but "academic hipsters" who were no longer qualified to practice medicine. "The more the two scientists take the drug," commented

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another official, "the less they become interested in science."<sup>75</sup> Nevertheless, the repercussions for *bona fide* LSD research proved to be much greater than the consequences for Leary and Alpert.

Fuelled by further instances<sup>76</sup> of misuse in the U.S., the Canadian government proposed to ban LSD in the fall of 1962. In the federal government's eyes, indiscriminate use of LSD posed a severe threat to society and should be classified, along with thalidomide (the notorious infant-deforming drug), as an illegal drug under Schedule H of the Food and Drugs Act.<sup>77</sup> According to C.A. Morrell, Director of the Canadian Food and Drugs Directorate, LSD was "a very potent drug which may produce 'mental disturbances'" and whose therapeutic "value so far seemed limited."<sup>78</sup> Canada's Minister of National Health and Welfare, J. Waldo Monteith, agreed, telling the House of Commons in November 1962 that LSD was a "very dangerous drug" which had been "known to produce fantasies and this sort of thing."<sup>79</sup>

At first, the recommendation by the Food and Drugs Directorate that LSD be banned was greeted with surprise by Saskatchewan psychiatrists, who were astonished that they had not been consulted. Indeed, a major point of contention with the Bill (C-3) was the fact that Monteith had supposedly appointed a committee of "experts" to advise him but had failed to contact any Saskatchewan psychiatrists. Such an oversight, according to Hoffer, was both "hasty and ill-considered."<sup>80</sup> Even Leonard Bertin, science editor of the *Toronto Daily Star*, condemned Monteith's motion:

The fact that Monteith saw fit to name specific drugs and ask a lay parliament to pass judgement on them, has

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caused consternation among [sic] some members of the medical profession. Objecting doctors feel that the naming of drugs should have been left to the [National Health and Welfare] department, acting on the advice of an appropriate committee of doctors and scientists.<sup>81</sup>

One reason for the medical profession's anxiety was that the Bill appeared to take away its fundamental right to prescribe drugs to needy patients. Seen this way, psychiatrists and medical doctors feared that if LSD was banned, Canada might be legislated out of the field of experimental medicine and legitimate clinical research. Fearing that such was the case, practitioners of LSD therapy responded.

George Lucas, a professor of pharmacology at the University of Toronto, proposed that "decisions of this sort should be left to a truly representative committee of physicians and scientists."<sup>82</sup> Likewise, fellow University of Toronto professor, E.A. Sellers, condemned the Directorate for not having consulted the Ontario Special Medical Advisory Committee, adding that "it would have been polite, at least, to have asked us what we thought." But apparently such was to be expected from what psychiatrists labelled an "alarmist" government. In the words of Frank Brien, chairman of the Advisory Committee, "These days, parliament does some queer things."<sup>83</sup>

In Saskatchewan, psychiatric experts saw the national Directorate's proposal to ban LSD as a reaction to the poor press LSD had received. As Hoffer told a colleague, "The fantastic controversy in the U.S.A. arising from the Harvard experiences...certainly publicized the fact that psychedelic drugs are around."<sup>84</sup> Consequently, reports that once boasted of LSD's therapeutic value soon turned into emotional homilies that

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warned of the dangers associated with LSD. Realizing this, Professor Duncan Blewett criticized the government and the press for having "done little or nothing but stress the terrible dangers involved with the LSD experience." To him, such distorted information had "built up an aura of dread" around LSD, a drug that was "non-addictive and less toxic than aspirin" but "harder to obtain than heroin or cyanide." Nevertheless, the peculiar paradox continued: although LSD was heralded as a breakthrough in the treatment of alcoholism, very few alcoholics could obtain such treatment because people in general felt that it was "something that rots your brain."<sup>85</sup> As Blewett and Hoffer warned, the proposed ban threatened "to put the crimp on a lot of promising research" which, in turn, "could kill the whole [LSD] program."<sup>86</sup>

Despite the increasing tide of criticism, LSD was spared the fate of its partner, thalidomide. As the debate continued in the House, more Members of Parliament began to realize the advances LSD therapy had achieved in the study of alcoholism. Elucidating upon an earlier assertion by T.C. Douglas, MP for Burnaby-Coquitlam, that "the use of L.S.D....in the treatment of alcoholics has had some beneficial results," H.C. Harley, MP for Halton, pointed to the fact that LSD also rendered a patient "much more amenable to psychiatric therapy" and that "in Saskatchewan, 50 per cent of alcoholic patients stopped drinking." Stanley Haidasz, MP for Parkdale, confirmed that LSD had "been found to be very promising for use in...psychotherapy" and maintained that "It would be tragically unfair to restrict

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the availability of L.S.D. now that medical researchers have learned to use it properly."<sup>87</sup>

In response to Harley's statement, David Orlikow, MP for Winnipeg North, suggested that the Health and Welfare Department was "moving much too fast in connection with the banning of the L.S.D. drug."<sup>88</sup> Indeed, even Tyhurst had admitted that the Bill was perhaps too hasty. "I'm not sure that the bill is a good idea," he told the CBC, "if it removes the availability of the drug for the purposes of research."<sup>89</sup> Realizing this, Health Minister J. Waldo Monteith was forced to relax his ardent anti-LSD stance. "If we went any further in [forcing the ban of LSD for research purposes]," he told the Commons, "I am given to understand that we would be invading provincial jurisdiction in the matter of property and civil rights."<sup>90</sup> With this decision and despite earlier beliefs, it was apparent that LSD researchers would not be "legislated" out of the field of experimental psychiatry, at least not for the time being.

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Although the fight to remove LSD from Schedule H had been won, LSD research still abated after 1962. Indeed, though LSD had not been banned, the federal government placed restrictions upon its use that limited its availability to "research purposes only."<sup>91</sup> By themselves, these restrictions were not overly constraining. However, when Canada's only distributor of LSD, Sandoz Research Laboratories in Quebec, ceased production in 1965,<sup>92</sup> LSD practitioners found it harder to continue their work.

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As a result, many psychiatrists abandoned their research on LSD in favour of more permissive studies.

In Saskatchewan, the consequences of the LSD controversy appeared much sooner. In 1961, Sven Jensen, a psychiatrist with the alcoholism treatment unit at the Weyburn Psychiatric Hospital, left the province to take an appointment elsewhere. Although this loss was significant, by itself it did not threaten the continuation of LSD research in Saskatchewan. Nevertheless, when both Osmond and Chwelos also decided to leave their positions the following year, many feared that LSD research, which was already in the doldrums, would disappear altogether.

Although the three psychiatrists never indicated their reasons for leaving, it is easy to see how the LSD controversy affected their decisions. Without financial support from the provincial and federal governments, research into LSD became less attractive to Saskatchewan psychiatrists. Of more importance, though, was the general tide of uneasiness that their departures engendered. With the loss of three reputable and well-published advocates of psychedelic treatment, the future of LSD research in the province seemed uncertain. As the *Leader-Post* forewarned, "while every psychiatric hospital or ward in the province is now using LSD to treat alcoholics, this may not be so when these doctors leave."<sup>93</sup>

Despite such concerns, Saskatchewan psychiatrists continued to make important advances. In 1962, Hoffer began to lobby for the establishment of a provincial psychiatric research centre to be located in Saskatoon. Claiming that psychiatric research in

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the country had been stagnating for years, he persuaded the provincial government to support the proposed centre, which promised to be the first of its kind in Canada even though construction would not begin until 1967.<sup>94</sup> Apparently, the Canadian Mental Health Association was also aware of the importance of such a centre as they donated \$100,000 towards its establishment.<sup>95</sup> Assured that provincial and federal grants would cover the remainder of the costs, Saskatchewan psychiatrists were pleased to have renewed such enthusiasm in their work. As Blewett recalled years later, "There is every reason to predict that such centres...would become major treatment and research resources."<sup>96</sup>

In 1964, another major psychiatric innovation came to fruition in Saskatchewan. As early as 1954, psychiatrists had realized that the design of the psychiatric institution played a major role in psychotherapy, especially regarding the patient's ability to improve. According to Osmond, "the huge corridors and unnecessarily enlarged spaces so often found in mental hospitals are liable to enhance...[the patient's] uncertainty about the integrity of the self."<sup>97</sup> Consequently, when a new psychiatric hospital was proposed for construction in Yorkton, Hoffer and Osmond enlisted the talents of innovative Regina architect, Kiyo Izumi, to design the new centre.

Although well aware of Hoffer and Osmond's objectives, Izumi initially had difficulty in comprehending the plight of the mentally ill patient. Consequently, after completing his initial research, Izumi agreed to Osmond's proposal that he take LSD in

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order "to grasp the real and significant problems of a mentally ill individual as [they] related to a building environment."<sup>98</sup> Under the guidance of Osmond and Blewett, Izumi was given LSD and then taken on a tour of the University Hospital in Saskatoon. Through this experience, Izumi felt he was able to gain a better idea of what it was like to be institutionalized. As Osmond explained, "An appreciation of the nature of the mentally ill person's disease...allows an imaginative architect to evolve certain simple rules which can then be applied."<sup>99</sup> And with these insights in mind, Izumi endeavoured to design a psychiatric hospital that would be, by all measures, state of the art.

When completed in 1964, newspapers reported that the Yorkton Psychiatric Hospital resembled more a five-star hotel than a mental hospital.<sup>100</sup> Indeed, instead of the long, white-tiled hallways and barred windows that had come to personify mid-twentieth century mental institutions, Izumi designed a more comfortable and soothing environment that was intended to make psychotherapy easier. Needless to say, the new centre, which was the first of its kind in Canada, attained two important goals: not only did it hush negative press reports, but, more importantly, it instilled a new confidence in the Saskatchewan psychiatric community. As Hoffer himself boasted, "Yorkton is the prototype of the mental hospital of the future."<sup>101</sup>

Whereas the proposed psychiatric research centre and the Izumi experience helped rejuvenate LSD research in Saskatchewan, the International Conference on the Use of LSD in Psychotherapy helped promote LSD therapy in other countries. From May 8 to 10,

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1965, more than 40 LSD experts from all over the world gathered in Amityville, New York to discuss the use of LSD as an adjunct to psychotherapy.<sup>102</sup> The resulting publication, *The Use of LSD in Psychotherapy and in Alcoholism*,<sup>103</sup> inspired several important developments aimed at advancing the use of LSD in the field of psychiatry.<sup>104</sup> However, although the conference praised the successful use of the drug, most notably by researchers in Saskatchewan and British Columbia, it also warned of the dangers associated with its unsupervised, non-medical use.

Public concern about the non-medical use of LSD continued to grow, despite further scientific advances. In 1966, *Life* magazine in a series of articles drew attention to the growing use of LSD in counter-cultural circles. "No longer just a promising research tool," wrote journalist Lawrence Schiller, LSD had been "taken up by a large underground cult" that comprised "artistic, bohemian and intellectual circles" as well as college students. With this evidence that people were "taking LSD for as many reasons as there are minds to imagine what lies in the universe,"<sup>105</sup> many feared that Leary's "psychic revolution of man" might become a darker reality than he initially foretold.

In Canada, the perils of black-market LSD use were no less apparent. Referring to an article dealing with the use of LSD in Vancouver-area high-schools,<sup>106</sup> Eileen Moore asked federal Opposition Leader John Diefenbaker to impose greater controls on the drug: "As a mother I believe this [LSD] should be brought under control....We think this to be serious enough through the whole of Canada."<sup>107</sup> Another concerned citizen commented, "I

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place no reliance whatever on the quacks who...preach the gospel of LSD and try to turn the hallucinations it induces into a new and fake religion."<sup>108</sup>

Aside from demonstrating that "everyday Canadians" were also concerned about the harmful effects of LSD, opinions such as these indicate that opposition to LSD therapy had become even less scientific between 1962 and 1967. Realizing this, it is easy to see that the moralistic criticisms of James Tyhurst (and others) had a great impact on LSD research in the long-run. And because newspapers continued to publish negative accounts of LSD abuse by hippies, teenagers and college students, Tyhurst's relationship with the Canadian press became more symbiotic as journalist's claims that LSD was a "social menace" were ratified by Tyhurst's seemingly "professional" standing.

But not all Canadians were convinced of the drug's evil qualities. Claiming that LSD had been "part of many respectable citizens' lives" for more than a decade and had been of particular benefit to alcoholics, a Carleton University student asked the government to ignore negative press reports -- which tended to sensationalize cases where improper use had triggered an adverse reaction -- and to reconsider the positive aspects of LSD therapy.<sup>109</sup> Similarly, a Regina social worker posited that if the government did not differentiate between the social use of LSD and legitimate LSD research, it risked jeopardizing a "great number of research programs taking place in North America and in Canada in particular." According to him, LSD provided important therapeutic benefits to people who were "genuinely seeking relief

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from troublesome personality problems associated with psychoneurosis and alcoholism."<sup>110</sup> Nevertheless, after 1966, the fact remained that LSD had become more synonymous with the counter-cultural movement than with psychotherapy.

In some ways, though, LSD's connection to the counter-culture had been apparent for some time. As early as 1958, beatniks, hippies and students had begun to integrate the concept of the "self" into their lifestyles.<sup>111</sup> And as Blewett and Leary continued to promote this concept in the early 1960s, more and more youths became attracted to the idea of "discovering their own nirvana." At first, LSD practitioners failed to realize the adverse repercussions such a relationship could engender. In the long run, however, LSD's connection with the counter-culture produced two harmful effects: it undermined the drug's success in treating alcoholism and delegitimized LSD research in general.

Of further consequence was the attention the Canadian government gave to this growing relationship after 1966. Alarmed by increasing reports of indiscriminate LSD use by "unqualified thrill-seekers," government officials focussed critical attention towards those practitioners who had apparently advocated its non-medical use. As Ron Basford, MP for Vancouver-Burrard, commented, "I have been more than disappointed in some of our academics, who have been making statements and speeches, which seem to me to almost constitute encouragement of the use of LSD for non-research projects."<sup>112</sup>

But academics were not the only group attacked by the federal government. Referring to what had been labeled the

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"Cubehead Revolution,"<sup>113</sup> Senator Gunnar S. Thorvaldson criticized the CBC for romanticizing the social use of LSD which "to a large extent [had been] responsible for its widespread use in Canada by students...including especially the beatnik crowd." Condemned for having "popularized this drug out of all proportion,"<sup>114</sup> the CBC maintained that it was only "presenting both sides to the story."<sup>115</sup> In a letter to CBC story editor Paul Saltzman, Hoffer praised the CBC for considering "all points of view" and giving "a fair, well-balanced account of the problem."<sup>116</sup> Nevertheless, fearing that increasing social use of LSD might lead to a "psychedelic epidemic," the federal government launched a second investigation into the apparent misuse of LSD in 1967.

Like the 1962 inquiry, this debate drew attention to "the increasing popularity of LSD for non-scientific or medical purposes" but concluded that it was "necessary to introduce an additional control which...recognize[d] this and similar substances for the dangers which they possess and which...[would] prohibit both unauthorized possession of them and trafficking in them."<sup>117</sup> The resulting legislation, Bill S-60 passed in 1967, further amended the Food and Drugs Act, making the possession and sale of LSD illegal. However, although the federal government felt this "necessary, preventative strategy" would reduce the amount of black-market LSD on Canadian streets, Saskatchewan psychiatrists warned that banning LSD might counteract the government's intentions.

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Although LSD practitioners were supportive of the need to prohibit black-market LSD, they were also aware that further restrictions could threaten the continuation of their work. As Hollywood Hospital psychiatrist Ross MacLean charged, "No more repugnant, and indeed potentially lethal, practice can be imagined beyond crass 'commercialization' of LSD, but current legislation and regulation is a classic example of 'throwing the baby out with the bath water'!"<sup>118</sup> Furthermore, there was no guarantee that black-market LSD use would in fact decline. According to Duncan Blewett, Bill S-60 might have "the effect of stopping research and starting the move into the streets" where "the young people...[would] become the major researchers."<sup>119</sup> Consequently, "In order to avoid the sale of bootleg LSD," Hoffer told an audience at a meeting of the Saskatchewan Anglican Young People's Association in 1967, "we must be prepared to allow discretionary use of the drug [by trained professionals] and provide controlled conditions."<sup>120</sup>

Nevertheless, even though LSD was still made available for research purposes, tighter federal controls dissuaded pharmaceutical companies from producing it. Consequently, Health Minister Allan J. MacEachern's promise -- that "Any legislation involving LSD...will not affect the present procedures and facilities which have been established for the use of this drug in connection with legitimate clinical investigation and research"<sup>121</sup> -- did not hold true. In the end, where Bill C-3 (1962) had failed to regulate the illegal use of LSD, Bill S-60

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(1967) succeeded. In doing so, it also put an end to legitimate LSD research in Canada.

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Despite an auspicious beginning, LSD research in Saskatchewan, British Columbia and the rest of Canada eventually succumbed to external pressures. Exploited by the counter-culture, abandoned by pharmaceutical companies and condemned by lay-professionals, the media and the federal government, LSD research ultimately became too clouded in controversy to survive the 1960s. In the end, despite more than a decade of empirical research that demonstrated the positive role LSD could play in psychotherapy, researchers failed to convince the masses that LSD did not pose a threat to the well-being of society. The results were obvious: the nine major LSD research programs in operation in Saskatchewan in 1960 had dwindled to only one by 1967.<sup>122</sup> Needless to say, developments such as the psychiatric research centre proposed by Hoffer in 1962 never materialized. Perhaps Duncan Blewett best summed up the plight of Saskatchewan psychiatrists some years later when he commented that opponents of LSD had succeeded in making "a problem out of what should have been an opportunity."<sup>123</sup>

But why was LSD research able to prosper in Saskatchewan prior to 1962? At first glance, it would appear the hospitable political climate in Saskatchewan and the CCF's tradition of collectivism and social responsibility were two major reasons LSD research was able to flourish during the 1950s. However LSD research, we must remember, was not specific to Saskatchewan,

although it had been pioneered there, and thus was not the product of democratic socialism. Moreover, despite the fact the work of Saskatchewan psychiatrists was carried out at the same time the province was embroiled in a major public debate over medical care, there is no evidence to suggest the institution of Medicare had any influence -- positive or negative -- on LSD research. The use of LSD in psychotherapy, then, should be remembered as another innovation in Saskatchewan's "scene of many 'health care firsts.'"<sup>124</sup>

The LSD controversy provides a unique and much needed look into the history of medicine from a social perspective. Understanding the 1950s as an era of conservatism, family values and social homogeneity, it becomes evident that opposition to LSD research in the 1960s was more a moral panic than a scientific debate. Given the social and moral upheaval of the 1960s, it is easy to understand why legitimate LSD research was continually undermined despite near unanimous support from the scientific community. Moreover, the LSD controversy also demonstrates that medicine and society are closely interrelated, each having an impact on the other. Seen this way, one realizes that social values often have more impact on medical research than empirical validity.

Despite being abandoned by psychiatrists after it was banned in 1967, recent evidence suggests that the psychotherapeutic potential of LSD has not been forgotten. According to the *Los Angeles Times*, a renewal of interest in LSD research has developed in several U.S. states, including New Mexico, North

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Carolina, Oregon and California. Like their Saskatchewan mentors, American psychiatrists are discovering, once again, that LSD can be a valuable psychiatric research tool. To rejuvenate the study of LSD, the Multidisciplinary Association for Psychedelic Studies (MAPS), a non-profit organization dedicated to proving that "psychedelic drugs have 'therapeutic potential,'" was established in 1989 and already boasts a membership of over 800 doctors from all over the world.<sup>125</sup> With this renewed interest in the study of LSD -- six studies are already underway in the U.S. -- the *Leader-Post's* assertion that without LSD society was "Safe From Utopia" may once again be open to debate.<sup>126</sup>

**Table 1:** Results of Treatment Using LSD as an Adjunct to Psychotherapy

<u>Diagnosis</u>	<u>Number of Cases</u>		<u>Much Improved</u>		<u>Improved</u>		<u>Unchanged</u>	
	I	II	I	II	I	II	I	II
Character Disorder	8	6	4	4	3	1	1	1
Psychopathy	12	6	2	4	2	2	8	0
Borderline & Actual Psychosis	4	4	0	2	1	2	3	0
TOTALS	24	16	6	10	6	5	12	1

I = Original 24 cases.

(Source: C.M. Smith, "A New Adjunct to the Treatment of Alcoholism: The Hallucinogenic Drugs," *Quarterly Journal of Studies on Alcohol*, vol. 19 (1958), p. 412.)

II = 16 subsequent cases using psychedelic therapy.

(Source: N. Chwelos, D.B. Blewett, C.M. Smith and A. Hoffer, "Use of *d*-Lysergic Acid Diethylamide in the Treatment of Alcoholism," *Quarterly Journal of Studies on Alcohol*, vol. 20 (1959), p. 581.)

**Table 2:** Results of Treatment Using LSD as an Adjunct to Psychotherapy

<u>Diagnosis</u>	<u>Number of Cases</u>		<u>Much Improved</u>	<u>Improved</u>	<u>Unchanged</u>
	M	F			
Alcoholics:					
Sociopathic Disturbances	11	--	None	7	4
Personality Trait Disturbances	31	11	27	8	7
Addiction without Complication	4	--	3	1	None
Addiction with Chronic Brain Damage	4	--	None	None	4
TOTALS	50	11	30	16	15

(Source: J. Ross MacLean, D.C. MacDonald, Ultan P. Byrne, and A.M. Hubbard, "The Use of LSD-25 in the Treatment of Alcoholism and Other Psychiatric Problems," *Quarterly Journal of Studies on Alcohol*, vol. 22 (1961), p. 40.)

Notes

- <sup>1</sup> Maurice Demay, "The Beginnings of Psychiatry in Saskatchewan," *Canadian Mental Health* (January-February, 1973, pp. 18-24); Harley Dickinson, *The Two Psychiatries: The Transformation of Psychiatric Work in Saskatchewan, 1905-1984* (Regina: Canadian Plains Research Centre, 1989); and Duane Mombroquette, "A Government and Health Care: The CCF in Saskatchewan, 1944-1964," unpublished M.A. thesis, University of Regina, 1990.
- <sup>2</sup> S.E.D. Shortt, "The Canadian Hospital in the Nineteenth Century: An Historiographic Lament," *Journal of Canadian Studies* Vol. 18, No. 4 (Winter 1983-84), p. 4.
- <sup>3</sup> Wendy Mitchinson, "Canadian Medical History: Diagnosis and Prognosis," *Acadiensis* (1982-83 No. 11), p. 125.
- <sup>4</sup> Mary-Ellen Kelm, "'The only place likely to do her any good': The Admission of Women to British Columbia's Provincial Hospital for the Insane," *BC Studies* (Winter 1992-93), p. 67.
- <sup>5</sup> S.E.D. Shortt, "The New Social History of Medicine: Some Implications for Research," *Archivaria*, vol. 10 (1980), pp. 5-22; and "Antiquarians and Amateurs: Reflections on the Writing of Medical History in Canada," *Medicine in Canada: Historical Perspectives* (Montreal: McGill-Queens's University Press, 1981), pp. 16, 27.
- <sup>6</sup> George Rosen, "Levels of Integration in Medical Historiography: A Review," *Journal of the History of Medicine and Allied Sciences* (1974 No. 4), p. 456.
- <sup>7</sup> Excerpts cited in Maurice S. Tarshis, *The LSD Controversy: An Overview* (Springfield, Illinois: Charles C. Thomas, 1972), p. 9; and in Oscar Janiger, "The Use of Hallucinogenic Agents in Psychiatry," *The California Clinician* (Los Angeles: California Osteopathic Association, 1959), pp. 3-4.
- <sup>8</sup> The best source for works relating to LSD experimentation in Saskatchewan is Abram Hoffer's "Bibliography, 1952-1963" published by the Psychiatric Research Unit at the University of Saskatchewan [Z 6878.P8H69].
- <sup>9</sup> Kenneth Bell, "Acid Tests," Canadian Broadcasting Corporation News Hour Documentary, originally aired July 6, 1992.
- <sup>10</sup> Saskatchewan Archives Board (hereafter SAB), Abram Hoffer Papers, Kyo (Joe) Izumi to Ruth Cheney, cc: Hoffer, July 14, 1966. Attached to this letter is a transcript of

The International Association for Psychedelic Therapy's *LSD Conference* held in Amityville, New York, May 1965, where Dr. Rinkel was a chief speaker.

11 Abram Hoffer, "Review of Psychiatric Research in Saskatchewan, 1952-1965," *Saskatchewan Division C.M.H.A. News Bulletin*, vol. 2, no. 1 (February 1966), p. 4.

12 SAB, Hoffer Papers, Abram Hoffer, "Indications and Contra-indications For LSD Therapy of Alcoholism," tape recording, University of California, Berkeley, June 16, 1966. (Hereafter cited as Berkeley Speech.)

13 Therese Stecyk, "LSD: Research in Saskatchewan," *MagaNova*, vol. 1, no. 1 (April 1984), p. 13.

14 Abram Hoffer and Humphrey Osmond, *The Hallucinogens* (New York: Academic Press, 1967), p. 128. LSD was first studied in this way by Max Rinkel in 1949. See also, *Saturday Review*, June 1, 1963. In later years, LSD practitioners hypothesized that by developing an antidote to counteract the effects of LSD, they might be able to cure mental diseases such as schizophrenia.

15 Following up on this theory years later, University of California medical doctors Sidney Cohen and Keith Ditman reported that LSD's "ability to induce a 'model psychosis' makes it an excellent laboratory device for the study of psychotic-like phenomena." Sidney Cohen and Keith S. Ditman, "Complications Associated with Lysergic Acid Diethylamide (LSD-25)," *The Journal of The American Medical Association*, Vol. 181 (1962), p. 161.

16 University of Regina Archives (hereafter URA), Duncan Blewett Papers, Newspaper Clippings File, 97-81 Box 2. This excerpt came from *The Leader Post*, although no date or page number was recorded.

17 Abram Hoffer, Berkeley Speech, June 16, 1966.

18 Abram Hoffer and Humphrey Osmond, *New Hope For Alcoholics* (New York: University Books, 1968), pp. 22-28. The history of alcoholism is best outlined in E.M. Jellinek, *The Disease Concept of Alcoholism* (New Haven, Connecticut: Hillhouse Press, 1960).

19 *Saskatchewan News*, vol. 14, no. 16 (June 23, 1959), p. 3; A. Hoffer, C.M. Smith, N. Chwelos, M.J. Callbeck and M. Mahon, "Psychological Response to d-lysergic Acid Diethylamide and its Relationship to Adrenochrome Levels," *Journal of Clinical and Experimental Psychopathology*, vol. 20 (1959), pp. 125-134. Because adrenochrome allowed patients to relax and concentrate on their condition, Hoffer hypothesized that alcoholics were "abnormally tense

individuals who used alcohol to alleviate their tension," the result of an adrenochrome deficiency.

<sup>20</sup> *Montreal Star*, January 15, 1960. See also the *Saskatoon Star-Phoenix*, April 5, 1961; and *MagaNova*, vol. 1, no. 1 (April 1984).

<sup>21</sup> Abram Hoffer, Berkeley Speech. Also, *The Hallucinogens*, p. 153; *New Hope for Alcoholics*, pp. 55-56. In this session, Osmond treated two patients, a male and a female, with 200 micrograms of LSD. Reportedly, the male remained sober for six months after discharge, while the female remained unchanged for six months before becoming sober.

<sup>22</sup> *The Hallucinogens*, p. 154. Delirium tremens, or toxic psychoses, usually occur in alcoholics after a prolonged period of continuous drinking.

<sup>23</sup> Abram Hoffer, Berkeley Speech, June 16, 1966.

<sup>24</sup> *The Hallucinogens*, p. 154.

<sup>25</sup> SAB, Hoffer Papers, S-A207, file IX, "An Alcoholism Treatment Program: LSD, Malvaria and Nicotinic Acid," unpublished manuscript, p. 37; and *The Hallucinogens*, p. 155.

<sup>26</sup> Oscar Janiger, "The Use of Hallucinogenic Agents in Psychiatry," *The California Clinician*, July/August 1959, p. 9. Importantly, Janiger also acknowledged that "only a small portion of the total dose of LSD ever reaches the brain," and that within two hours "70 percent of the total dose has been metabolized by the liver."

<sup>27</sup> *The Hallucinogens*, p. 95.

<sup>28</sup> It was also at this time that Hoffer and Osmond abandoned the theory that alcoholism was the result of some biochemical deficiency (ie. adrenochrome). Instead, they discovered, as did many other scholars of alcoholism, that alcoholism was in fact a disease and that it could be cured. *New Hope for Alcoholics*, p. 22.

<sup>29</sup> It was here that Osmond coined the term "psychedelic," which he defined as a compound "like LSD, or mescaline which enriches the mind and enlarges the vision." *The Hallucinogens*, p. 132. *New Hope for Alcoholics*, pp. 57-58.

<sup>30</sup> SAB, Hoffer Papers, "An Alcohol Treatment Program," p. 37; *The Hallucinogens*, p. 136.

<sup>31</sup> N. Chwelos, D.B. Blewett, C.M. Smith and A. Hoffer, "Use of d-Lysergic Acid Diethylamide in the Treatment of

Alcoholism," *Quarterly Journal of Studies on Alcohol*, vol. 20 (1959), pp. 577-590. In *The Hallucinogens*, p. 136, Hoffer maintains that this study "was the first one in which the psychedelic method of treating patients was reported." Also, for an early review of the transition between psychotomimetic and psychedelic research, see Humphrey Osmond, "A Review of the Clinical Effects of Psychotomimetic Agents," *Annals of the New York Academy of Science*, vol. 66 (1957), pp. 418-434; and C.M. Smith, "A New Adjunct to the Treatment of Alcoholism: The Hallucinogenic Drugs," *Quarterly Journal of Studies on Alcohol*, vol. 19 (1958), pp. 406-417.

<sup>32</sup> Chwelos et al., pp. 589-590.

<sup>33</sup> URA, Blewett Papers, 88-29 Box 3. J. Terrill, "Psychological Effects of LSD," unpublished paper read at the symposium on The Clinical and Therapeutic Use of LSD, Napa State Hospital, Napa, California, January 1960.

<sup>34</sup> Janiger, p. 11.

<sup>35</sup> *MacLean's*, March 15, 1958; *Leader-Post*, December 18, 1963. In the latter article, Blewett also maintained that "You can't tell what you look like until you use a mirror. LSD is that mirror."

<sup>36</sup> URA, Blewett Papers, 91-87 Box 2, Blewett to T.C. Douglas, August 26, 1966, p. 3.

<sup>37</sup> The chief practitioners of the "self" concept were Duncan Blewett in Canada and Timothy Leary in the United States.

<sup>38</sup> Counter-cultural use of LSD and the impact it had on bona fide LSD research is covered by Martin A. Lee in *Acid Dreams: The CIA, LSD, and the Sixties Rebellion* (New York: Grove Press, 1985). For a more detailed analysis of LSD abuse by the counter-culture, see Donald B. Louria, "The Abuse of LSD," in Richard C. DeBold and Russell C. Leaf (eds.) *LSD; Man and Society* (London: Faber and Faber, 1969), pp. 36-52; Richard H. Blum, *Utopiates: The Use and Users of LSD 25* (New York: Atherton Press, 1964).

<sup>39</sup> J. Ross MacLean, D.C. MacDonald, Ultan P. Byrne and A.M. Hubbard, "The Use of LSD-25 in the Treatment of Alcoholism and Other Psychiatric Problems," *Quarterly Journal of Studies on Alcohol*, vol. 22 (1961), pp. 43-44.

<sup>40</sup> Sidney Cohen and Keith S. Ditman, "Complications Associated with Lysergic Acid Diethylamide (LSD-25)," *The Journal of The American Medical Association*, Vol. 181 (1962), p. 162.

<sup>41</sup> For results pertaining to LSD experimentation in Saskatchewan (in addition to the articles cited within) see: S.E. Jensen, "A Treatment Programme for Alcoholics in a Mental Hospital," *Quarterly Journal of Studies on Alcohol*, vol. 23 (1962), pp. 109-121; Abram Hoffer and Humphrey Osmond, "A Brief Account of the Saskatchewan Research in Psychiatry," *Journal of Neuropsychiatry*, vol. 2 (1961), pp. 287-291; and P.O. O'Reilly and Genevieve Reich, "Lysergic Acid and the Alcoholic," *Quarterly Journal of Studies on Alcohol*, vol. 23 (1962), pp. 331-334.

<sup>42</sup> "LSD," a Canadian Broadcasting Corporation documentary that aired on the *Sense of History* program, August 27, 1994 (hereafter cited as *Sense of History*); and Hoffer, Berkeley Speech, June 16, 1966. For an in-depth bibliography of many of these scientific papers see *The Hallucinogens*, pp. 83-88, 95-103, 128-139, 148-196.

<sup>43</sup> Such factors include dose level, frequency of administration, patient and therapist expectations, and the setting or environment in which the session was conducted. Also of importance were the widely divergent theoretical persuasions of LSD practitioners throughout the world -- from Freudian and Jungian therapists to behaviourists and existentialists. See also Robert E. Mogar, "Current Status and Future Trends in Psychedelic (LSD) Research," *Symposium on LSD: Basic Problems and Potentialities*, San Jose State College, May 9, 1964.

<sup>44</sup> Roy F. Baumeister and Kathleen S. Placidi, "A Social History and Analysis of the LSD Controversy," *Journal of Humanistic Psychology*, vol. 23, no. 4 (Fall 1983), p. 31.

<sup>45</sup> *Regina Leader-Post*, March 18, 1957; *Saskatoon Star-Phoenix*, November 25, 1960; April 5, 1961; *Leader-Post*, June 8, 1961; June 24, 1961.

<sup>46</sup> *MacLean's*, October 1, 1953; Sidney Katz, "The Heaven or Hell Drugs," *MacLean's*, June 20, 1964; Muriel Clements, "New Hope for Alcoholics," *Saturday Night*, July 4, 1959.

<sup>47</sup> *Vancouver Sun*, August 11, 1959; *Montreal Star*, January 15, 1960; *Toronto Globe and Mail*, October 20, 1962. In the *Globe and Mail* article, Hoffer reported that Saskatchewan psychiatrists had "treated about 500 alcoholic patients with LSD" and were seeing them recover where they "had not seen them do so before." More importantly, Hoffer indicated that since the introduction of LSD therapy, "About half the 500 have been sober or very much improved."

<sup>48</sup> *Ottawa Citizen*, March 8, 1960. This article also draws attention to the fact that the success of LSD therapy is rarely achieved by Antabuse, an anti-alcoholism drug used in

Canadian alcoholism clinics that causes nausea and flushing at the taste of alcohol.

<sup>49</sup> *Scope Weekly*, February 19, 1959; *P/A*, August 1966; *The North Renfrew Times*, December 3, 1958.

<sup>50</sup> *Time*, June 28, 1954; March 28, 1960.

<sup>51</sup> SAB, J. Walter Erb Papers, Saskatchewan Minister of Health, 1956-1961. Transcript of a radio talk given in connection with Alcohol Information Week in 1960 (hereafter cited as Radio Talk), GR 91, 012Q3, p. 3.

<sup>52</sup> *The Globe and Mail*, October 20, 1962.

<sup>53</sup> *Star-Phoenix*, October 26, 1962.

<sup>54</sup> SAB, Erb Papers, Radio Talk, p. 3.

<sup>55</sup> *The Western Producer*, June 19, 1958.

<sup>56</sup> SAB, Erb Papers, Radio Talk, p. 3.

<sup>57</sup> *Ottawa Citizen*, December 4, 1958; March 8, 1960.

<sup>58</sup> URA, Blewett Papers, 91-87, Box 3. James S. Tyhurst, "The Therapeutic Use of *d*-Lysergic Acid Diethylamide (LSD-25)," unpublished manuscript prepared for the British Columbia College of Physicians and Surgeons, University of British Columbia, 1959, p. 31. (Hereafter cited as Tyhurst.) Referred to as The British Columbia Report, this manuscript formed much of the basis for Tyhurst's challenge to LSD research in the Vancouver press. It should be remembered that although this document was written in 1959, the impact of Tyhurst's criticism did not become a factor until after 1962.

<sup>59</sup> Katz, "The Heaven or Hell Drugs," *MacLean's*, June 20, 1964. Apparently, Tyhurst was not the only psychiatrist who felt this way. As Theodore Rothman, senior psychiatrist at the University of Southern California, maintained: "I'm against chemical brainwashing. I protest the impairing of the intact human brain with chemicals in order to disorganize the nervous system, producing psychopathological states which may be irreversible."

<sup>60</sup> The "controlled measures" Tyhurst referred to most often were adequate numbers of trials, standardized definitions of oft-used terms (such as "improved") and adequate sampling procedures designed to include a large and diverse population.

- 61 URA, Blewett Papers, Blewett to Mrs. E.S. Garrett, President, Canadian Parapsychology Foundation, November 3, 1958.
- 62 Tyhurst, "The Therapeutic Use of d-Lysergic Acid Diethylamide (LSD-25)," pp. 22, 26, 31. See also, *MagaNova*, April 1984.
- 63 Tyhurst, "The Therapeutic Use of d-Lysergic Acid Diethylamide (LSD-25)," p. 26. *Leader-Post*, January 14, 1963. There is no evidence to suggest this committee actually existed.
- 64 Tyhurst, "The Therapeutic Use of d-Lysergic Acid Diethylamide (LSD-25)," p. 22.
- 65 John M. MacDonald and James A.V. Galvin, "Experimental Psychotic States," *American Journal of Psychiatry* (1956), pp. 970-971, 976.
- 66 Paul H. Hoch, "Pharmacologically Induced Psychoses," *American Handbook of Psychiatry*, S. Arieti, ed. (New York: Basic Books, 1959), pp. 1697, 1708.
- 67 Vancouver Province, May 5, 1960.
- 68 SAB, Hoffer Papers, Hoffer to Joe Izumi, May 26, 1960.
- 69 *Leader-Post*, January 14, 1963, December 18, 1963, February 5, 1963.
- 70 Christopher Hyde, *Abuse of Trust: The Career of Dr. James Tyhurst* (Vancouver: Douglas and McIntyre, 1991), p. 43.
- 71 CBC, *Sense of History*, August 27, 1994.
- 72 SAB, Hoffer Papers, Hoffer to Harold Abramson, June 5, 1964. See also, P.O. O'Reilly and Genevieve Reich, "Lysergic Acid and the Alcoholic," *Quarterly Journal of Studies on Alcohol*, vol. 23 (1962), pp. 331-334.
- 73 *Leader-Post*, June 24, 1961.
- 74 Katz, "The Heaven or Hell Drugs," *MacLean's*, June 20, 1964. According to Jonathan Cole, director of psychopharmacological research at the U.S. National Institute of Health in Maryland, "cultogenic" was a term used to describe the "psychic addiction" that occurred as people who took LSD "developed boundless enthusiasm and wanted to give it to everyone else."
- 75 *Ibid.*

76 SAB, Hoffer Papers, Hoffer to Dr. Ruth Fox, May 6, 1966; *Star-Phoenix*, October 26, 1962. According to Hoffer and F.S. Larson, Director of the psychiatric services branch of the Saskatchewan Health Department, in addition to the "Harvard Affair," similar misuses of LSD had been reported in California, Texas and New York.

77 The resulting legislation, Bill C-3, initially forbade the sale or distribution of LSD and Thalidomide to any person, including medical doctors. However, LSD was later made available to psychiatrists for "research purposes only."

78 *Star-Phoenix*, October 20, 1962; *The Globe and Mail*, October 20, 1962.

79 *House of Commons Debates, Official Report*, November 12, 1962, (Ottawa: Queen's Printer, 1962), p. 1545.

80 *Star-Phoenix*, October 20, 1962.

81 *Toronto Daily Star*, October 20, 1962.

82 *Ibid.*

83 *Ibid.* Sellers was also a member of the said committee.

84 SAB, Hoffer Papers, Hoffer to Harold Abramson, June 1, 1964.

85 *Leader-Post*, February 23, 1963; August 14, 1963; *The Carillon*, University of Regina student newspaper, March 6, 1967.

86 *The Globe and Mail*, October 20, 1962; *Toronto Telegraph*, October 20, 1962.

87 *House of Commons Debates*, November 12, 1962, p. 1359; December 7, 1962, pp. 2432, 2429-2430.

88 *Ibid.*, p. 2438.

89 *CBC, Sense of History*, August 27, 1994.

90 *House of Commons Debates*, November 13, 1962, p. 1567.

91 *Leader-Post*, January 9, 1963. According to this article, the Food and Drugs Act was "amended to allow use of LSD by medically competent people in hospitals using it for treatment and research."

92 URA, Blewett Papers, Blewett to Sidney Katz, February 15, 1965. In this letter, Blewett remarked that LSD had been abandoned by Sandoz because "It is difficult to make

and has never been profitable because of the extremely restricted distribution." It should also be noted that LSD was always hard to obtain in Canada, so much so that Saskatchewan psychiatrists even pondered the idea of producing it themselves.

<sup>93</sup> *Leader-Post*, June 24, 1961.

<sup>94</sup> URA, Blewett Papers, Hoffer to Blewett, February 8, 1967. In this letter Hoffer laments that the psychiatric research centre, which was scheduled to be built "later this year," was looking "more doubtful and doubtful."

<sup>95</sup> *Star-Phoenix*, March 3, 1962.

<sup>96</sup> URA, Blewett Papers, Blewett to each Member of Parliament, November 30, 1967.

<sup>97</sup> *The Hallucinogens*, p. 234.

<sup>98</sup> Kiyo Izumi, "LSD and Architectural Design," in Bernard Aaronson and Humphrey Osmond (eds.), *Psychedelics: The Uses and Indications of Hallucinogenic Drugs*, (Cambridge, Massachusetts: Schenkman Publishing Company, 1971), p. 383.

<sup>99</sup> *The Hallucinogens*, p. 234.

<sup>100</sup> *Leader-Post*, October 8, 1964.

<sup>101</sup> SAB, Hoffer Papers, Hoffer to Hugh Edwards, February 15, 1965.

<sup>102</sup> *Star-Phoenix*, May 26, 1965.

<sup>103</sup> *The Use of LSD in Psychotherapy and in Alcoholism*, Harold A. Abramson, ed. (Indianapolis: Bobbs-Merrill, 1965).

<sup>104</sup> One such development called for the establishment of an International Association for Psychedelic Therapy which would help to standardize psychedelic methodologies.

<sup>105</sup> *Life*, March 25, 1966.

<sup>106</sup> *Leader-Post*, March 8, 1967; *Vancouver Sun*, March 11, 1967. These articles drew attention to the increasing use of LSD by high-school students and "LSD cults" in Vancouver.

<sup>107</sup> The Honourable John G. Diefenbaker Centre Archives (hereafter DCA), John G. Diefenbaker, Leader of the Opposition, Papers, Moore to Diefenbaker, March 17, 1967.

<sup>108</sup> *Toronto Telegram*, March 21, 1967.

- 109 DCA, Diefenbaker Papers, Robert A. Barnes to Diefenbaker, March 22, 1967.
- 110 *Ibid.*, Leonard Ghan to Diefenbaker, February 28, 1967.
- 111 Donald B. Louria, "The Abuse of LSD," in Richard C. DeBold and Russell C. Leaf (eds.) *LSD; Man and Society* (London: Faber and Faber, 1969), pp. 32, 51. Martin A. Lee in *Acid Dreams: The CIA, LSD, and the Sixties Rebellion* (New York: Grove Press, 1985), pp. 1-3, 7.
- 112 URA, Blewett Papers, Basford to Blewett, March 8, 1967.
- 113 *Senate Debates, Official Report*, April 25, 1967, (Ottawa: Queen's Printer, 1967), p. 1824. In a series of documentaries which examined the use of LSD in Canadian society, the CBC coined the term "Cubeheads" to describe those who used LSD, which was commonly sold in sugar cubes, for "kicks." Two such documentaries were "Eyes of Tomorrow," which aired on April 2 and 9, 1967, and "This Hour Has Seven Days," which aired on April 24, 1967.
- 114 *Ibid.*, p. 1821.
- 115 URA, Blewett Papers, Hugh Edwards, CBC Winnipeg affiliate, to Blewett, May 15, 1967.
- 116 SAB, Hoffer Papers, Hoffer to Saltzman, April 10, 1967.
- 117 *Senate Debates, Official Report*, April 19, 1967, p. 1794.
- 118 SAB, Hoffer Papers, MacLean to Susan Wright, cc: Hoffer, August 2, 1967.
- 119 *Leader-Post*, May 4, 1967.
- 120 *Star-Phoenix*, May 1, 1967.
- 121 URA, Blewett Papers, MacEachern to Blewett, April 3, 1967.
- 122 *The Carillon*, March 6, 1967.
- 123 *MagaNova*, April 1984.
- 124 Duane Mombroquette, "A Government and Health Care: The CCF in Saskatchewan, 1944-1964," unpublished M.A. thesis, University of Regina, 1990, pp. ii, 167.
- 125 *Los Angeles Times*, November 18, 1994.
- 126 Referring to predictions that Saskatchewan psychiatrists would soon discover a cure for mental illness,

alcoholism in particular, cynical journalist Jim McGunigal impugned in April 1958 that "For the time being the city is safe from utopia." *Leader-Post*, April 19, 1958.

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