

Dr. Nolan D.C. Lewis 1889-1979

By the time Dr. Nolan D. C. Lewis retired he had contributed to nearly every important development in modern psychiatry, from psychology to biochemistry and to their anatomical substrates. For example, his observations on the vasoconstriction of small arteries of catatonic schizophrenics indirectly led to the use of a vasodilator, histamine, as a treatment. He himself investigated glutamic acid on a few autistic children. In 1951 he described to me the recovery of a seven year old boy using this amino acid, but like all nutrient treatments it was enmeshed in controversy primarily because clinicians and their psychological colleagues were unaware that glutamic acid and its sodium salt did not behave in the same way: their solubility was different.

Dr. Lewis was the first practicing American psychoanalyst. Freud authorized him to practice analysis without undergoing a personal analysis; in those early days the master's dispensation was sufficient. Dr. Lewis did ask Freud whether he would have to be analyzed, but Freud merely asked him how many of his patients had killed themselves—none had.

Dr. Lewis' interest in psychoanalysis did not destroy his interest in biochemistry, physiology or genetics. He was one of the first American psychiatrists, if not the first, to experiment with mescaline. He described his experience to me in January 1951; particularly impressive was his

increased acuity to sound; he could hear his cat walking on the rug. Perhaps this experience sensitized him to the world of the schizophrenic. The research he carried on with Dr. Pietrowski on the long term outcome of manic-depressive psychotic patients could have originated from the hallucinogenic experiences with mescaline. They found that about half of this group were later clearly schizophrenic. A careful examination of the clinical history of the patients revealed that in nearly every case the schizophrenic was easily recognizable if the clinician had examined them for ten factors. Five were perceptual factors. The manic-depressive who was later re-diagnosed schizophrenic had a mean of between three and four of these factors; the remainder fewer than one. This fundamental study appears to have been ignored almost totally, but it played a major role in our early research. When we designed the first double blind experiment in psychiatry we used his ten factors as part of our pre and post treatment evaluation. It also alerted us to the importance of perceptual symptoms, as did our research with the hallucinogens.

Dr. Lewis, as Director of Psychiatric Institute, New York, surrounded himself with scientists such as Paul Hoch, later commissioner, New York State, and one of the original two pioneers to investigate and publish investigations of LSD and mescaline, (the

other was our friend in Boston, Dr. Max Rinkel); F. Kallman - who firmly established the genetic basis of schizophrenia; H. Wallsch, the eminent biochemist and L. Pietrowski the psychologist. Psychiatric Institute quickly became the leading psychiatric research institute in the world. Unfortunately, its tradition of tolerance of new ideas and excellency did not survive Dr. Lewis' retirement.

Dr. Lewis almost single-handedly kept alive research in psychiatry, first during the Depression when there was no money for research and later during and after the War until the National Institute of Mental Health was created in Washington about 1953 or so. Dr. H. Osmond and I were invited on several occasions to participate in the annual meetings of the Dementia Praecox Committee of Scottish Rites Masons. Our first report of our adrenochrome hypothesis was presented to this group in the Canadian Room of the Waldorf Astoria Hotel. This committee seldom awarded grants over \$5,000 but this was during a period when a family of two plus one young son could live luxuriously in Europe for \$15 per day. I know, for in 1954, with my wife and son, we visited research centers in Europe on a Rockefeller Foundation grant for \$15 per day.

Dr. Lewis was interested in new ideas but was critical of shoddy work. When fantastic claims were being made for the efficacy of direct psychoanalysis in treating catatonic schizophrenics he was highly critical when most other psychoanalysts hailed these reports with enthusiasm. Dr. Lewis had already seen several schizophrenics "cured" by 24 hours of direct analysis who were just as ill afterwards.

Orthomolecular psychiatry owes its origins to Dr. Lewis. Without his opinion as a referee we would not have started our research into schizophrenia and its treatment. Dr. H. Osmond and I submitted our first application for a research grant to the Department of Health and Welfare in the fall of 1951, for \$23,000. We proposed to study the effect of LSD on normal volunteers. The experience modelled the schizophrenic experience. We hoped this would help lead us to the schizophrenic toxin. Most psychiatric research in Canada was funded by these grants. Each application eventually was examined by a committee appointed by Dr. C. Roberts, Director of Psychiatry for the Department of Health and Welfare. In the spring of 1952 this committee consisted of six members; three were the heads of psychiatry of

the three best known departments: McGill (Dr. Ewen Cameron), Toronto (Dr. A. Stokes), and Western Ontario (Dr. E. Hobbs); the other three were scientists. All three psychiatrists vetoed our application— an omen of how our work would be accepted by establishment psychiatry. The other three voted yes. Dr. Roberts then proposed that our application be submitted to Dr. Nolan D. C. Lewis in New York. The committee agreed to accept his decision. I assume the Canadian professors thought any professor would concur with their opinion, while the three scientists having given their decision could not care less about its outcome. Dr. Lewis promptly reported that the Government of Canada ought to support our research for twenty years, not just the two years which we had requested. Had we been turned down I doubt we would have continued our research. For the next few years every one of our applications was routinely sent to Dr. Lewis, who consistently supported us. I did not discover the true story until several years later.

I have no doubt someone else would have looked at vitamins as a treatment for schizophrenia, but it would have taken several decades more. Orthomolecular psychiatry, of which the use of Vitamin B3 is an essential component, would not be existent today.

Dr. Nolan D. C. Lewis remained interested and friendly. Later he organized the New Jersey Neuropsychiatric Institute in Princeton, and in 1961 Dr. Humphry Osmond joined him as the third full time Director. When our book **How to Live with Schizophrenia** was in press Dr. Nolan D. C. Lewis wrote the foreword for our U.S.A. edition.

I hope readers of this journal will appreciate the important contribution made by Dr. Lewis as a teacher, critic, supporter and friend, over a period of years when our colleagues were more noted for their opposition than for their support.

A. Hoffer, M.D., Ph.D.