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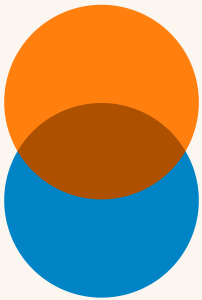
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doctors' understanding of mental states; architects' appreciation of how patients perceive mental hospitals; or general imaginative and creative possibilities, notably through his association with the writer Aldous Huxley. A cultural byproduct of their exchanges was the coining of the adjective "psychedelic".

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I first met Humphry in 1952, after he had emigrated with his wife Jane to become clinical director of the mental hospital in Weyburn, Saskatchewan, Canada where I was director of psychiatric research. He wanted to get as far away from Britain as he could to continue the work for which he had received no encouragement in a largely psychoanalytic environment.

At the St George's Hospital, Tooting, London, he and fellow researcher John Smythies had examined the experience induced in normal volunteers by mescaline, the active hallucinogen extracted from the peyote plant, and realised that in many ways it was similar to people's experience of schizophrenia. It then struck them that mescaline is similar in structure to adrenaline, and that the schizophrenic body might contain a substance with the properties of mescaline, and somehow related to adrenaline.



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The psychiatric hospitals in Saskatchewan housed about 5,000 patients, of whom half were schizophrenic. Admission was for them a life sentence, and conditions were appalling. The work of Osmond and Smythies, who also came to Canada, offered a way forward: the adrenochrome hypothesis, which the three of us reported in a paper in the Journal of Mental Science in 1954.

We contended that in schizophrenic patients there was an abnormal production of adrenochrome, a derivative of adrenaline, and that this played a role in the genesis of the condition. Three questions presented themselves: was adrenochrome really formed in the body, was it a hallucinogen and would an antidote be therapeutic for these patients? The answer to all three was yes.

To further our understanding of the psychology of schizophrenia, our biochemical team worked on adrenochrome, to establish how it was made and what it did. Then our clinical team conducted the first double-blind controlled experiment in psychiatry. We proved that adding one vitamin, B3 (niacin), to diets doubled our recovery rate of acute or early schizophrenic patients over the course of two years, and the results were confirmed by research in the US.

Convinced that we had discovered a very important, new and safe way of helping our patients, in 1966 we were joined by the double Nobel laureate Linus Pauling, who first employed the term orthomolecular psychiatry for the technique in a paper in the journal Science in 1968. Throughout this work, which left thousands fully recovered, Humphry was intelligent, calm, kind, full of creative ideas, and undeterred by conservative psychiatric opinions.

He approached other disorders with equal originality. The problem for chronic drinkers was complementary to that of schizophrenics, but rather

the reverse: they needed to experience the hallucinations of delirium tremens in order to give up drinking. So for those whose brains had not generated the necessary chemicals, from 1956 onwards we adopted a hallucinogenic treatment. Out of more than 2,000 alcoholics in four institutions, 40% recovered. We used d-lysergic acid diethylamide (LSD) rather than mescaline because it was easier to work with.

Humphry's extensive list of papers and books, often co-authored, included our joint works *The Chemical Basis Of Clinical Psychiatry* (1960) and *How To Live With Schizophrenia* (1966). With BS Aaronson he wrote *Psychedelics: The Uses And Implications Of Hallucinogenic Drugs* (1970), and with Miriam Siegler, *Models Of Madness, Models Of Medicine* (1974).

Born in Surrey, Humphry went to Haileybury school, Hertfordshire. Medical studies at Guy's Hospital, London, led to second world war service as a surgeon-lieutenant in the Navy, and training to become a ship's psychiatrist. After the war, he obtained a psychiatric post at St George's, and began to study the pharmaceutical treatment of mental illness in the light of the Swiss chemist Albert Hoffman's description of how the effects of LSD resembled those of early schizophrenia.

Once Humphry's work had found the recognition and resources it needed in Canada, his observation of the chemical similarity of mescaline and adrenaline came to the notice of Aldous Huxley. Drug use had been a feature of the novelist's *Brave New World* (1932), and he was keen, in 1953, to offer himself as a guinea pig.

Humphry was reluctant: he did not "relish the possibility, however remote, of finding a small but discreditable niche in literary history as the man who drove Aldous Huxley mad". Fortunately the writer found the experience mystical and revelatory.

Their resulting correspondence led to Humphry telling the New York Academy of Sciences in 1957, "I have tried to find an appropriate name for the agents under discussion: a name that will include the concepts of enriching the mind and enlarging the vision ... My choice, because it is clear, euphonious and uncontaminated by other associations, is psychedelic, mind-manifesting."

None the less, Humphry had no enthusiasm for the drug excesses of the counterculture: to him, hallucinogens were "mysterious, dangerous substances, and must be treated respectfully", and he regretted the loss of medical opportunities caused by their ban by the end of the 1960s.

After Saskatchewan, he became director of the Bureau of Research in Neurology and Psychiatry at Princeton University, New Jersey (1961-71), and

then went to the University of Alabama School of Medicine (1971-92), where he was joined as a fellow professor by Smythies.

He is survived by his wife, two daughters and a son.

• Humphrey Fortescue Osmond, psychiatrist and researcher, born July 1 1917; died February 6 2004

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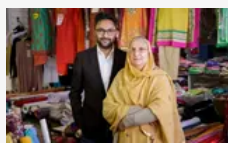
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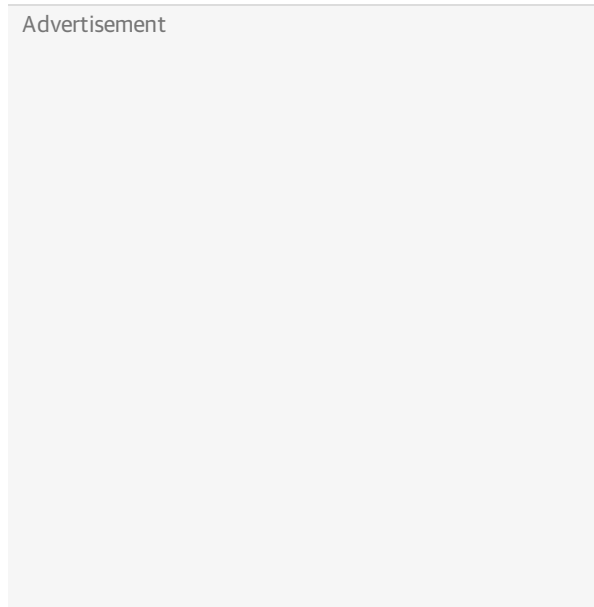
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