

Interview with Dr Ronald Sandison, 2005

How did you come to be involved with LSD?

I first went to Basel on a study group – this was about 1950, 52 - and met [Albert] Hoffman, who had restarted experimenting with LSD around 1948. By the time I was there, they were working on spiders spinning webs...

Hoffman had discovered the drug in 1938, then sat on it and rediscovered again?

That's right, yes, you see, I have this translation here [reads from a conference paper]: 'The medical profession has been interested in ergot...' Another early paper, '14 normal people, one of whom is given LSD twice...' What's interesting about these are that they were not influenced by anybody else – because nobody knew what to expect. Then Hoffman went [reads on]: 'One subject tried to describe the state of not being in control and said "I can watch myself all the time, as if being in a mirror, and realise my faults and mental disorders. Despite my great efforts, I find it impossible to correct myself, as everything keeps slipping away and appearing at once again."' Another subject said spontaneously she was glad not to have been questioned a lot. She would not have been able to answer any of the questions either positively or negatively. One is reminded of the state of narcoanalysis, the state among others that is produced by pentothal.'

I think it was really that – people were experiencing something about themselves that they hadn't previously known about. There was one subject who said it made her think things that were better left forgotten.

Then after that Hoffman went to the a hospital and gave LSD to a number of psychotic patients. Which he didn't get much from. Apart from some brief work by Bush and Johnson in the States, where they gave LSD to eight psychoneurotic patients but never followed it up (and it was a rather poor paper that they wrote) we were really the first people to use LSD with psychoneurotic patients.

Why did Hoffman pick this up again?

Hoffman seemed to have this curious sort of intuition. He just said, he thought there was something in this drug, he wasn't sure. But he never told me exactly why. I don't think he really describes it himself. Have you come across his book? He doesn't really go into it.

When you went to Europe, had anyone else had done anything with LSD?

No, except for Bush and Johnson in the States. They weren't serious investigators. I learned afterwards. I think it was Charles Savage who told me that they'd said 'Well you know we've got these psychoneurotic patients, we're not quite sure what to do with them. Let's give them some LSD and really shake things up a bit and see what

happens.’ And that was really their attitude. That’s not a very scientific attitude. But they did a report that the patients seemed to have benefited. *How* they benefited they never described and it was a very short paper. They never showed up again, they never showed up at any of the conferences. As far as I know they never tried it again.

If they hadn’t read the German paper in 1947, how would they have heard of LSD in the first place?

I’m not quite sure how it got into America. But Sandoz was an international company and I’ve no doubt that people in New York were talking about it, and the Americans were always great at getting hold of new things.

Why were you so interested in it?

Difficult to answer that. When you’re working in a mental hospital your main problem is the enormous weight of patients. In a number of cases you’ve got the [ones that] you’d really like to do something for but you never have the time. Here was a drug which - I wouldn’t say it was a short cut to the unconscious - but it was certainly helping people to understand themselves at a deeper level. And it seemed to me that this was a worthwhile approach. And I think it was also just a curiosity about this extraordinary substance. Because it doesn’t work like any other drug. You don’t get the same results in the patient one day to the next, which would rule it out in terms of drugs where the effect is expected to be the same. At one time I compared it with penicillin and I thought let’s look at an ampoule of penicillin and an ampoule of LSD. The effect of penicillin as far as we know is independent of what the patient thinks or does. Whereas the mood of the patient who is being given LSD is a vital factor in what happens under the drug. The co-operation between the observer and the therapist, the patient and the drug, these three, form an extraordinary combination. And the other thing that I was working on at the time was the influence of the observer.

Were there any other drugs around where the mood of the patient would affect the result?

I think the work that Shorvil and co were doing with abreactive drugs – the same applied to a lesser extent. But I think it was [different] with LSD

Did Hoffman have any idea of what LSD really was when he showed it to you in 1952?

I don’t think so – but who can tell? I think he knew that he was onto something that was extraordinarily interesting. *His* excitement was great. And one of the struggles that came out in the paper was that his boss, Professor Rothman, found it very hard to believe at first that such a minute dose could produce this effect and he even said to Hoffman, you know, it must have been some other drug that you took, that can’t be it. And Hoffman was so concerned about this that he himself took LSD and experienced a reaction. So there was immense excitement about this. Professor Rothman was an

interesting character. I think it was a unique appointment: he was half-time employed by Sandoz as a sort of academic adviser and the other half of his time he was a professor of pharmacology at the University of Zurich and that combined appointment...was unique at that time... For Sandoz, too, LSD and ergot was very much a sideline. Their main production was dye stuff, aniline dyes

Where had abreaction come from?

I don't know who coined the term but it started to appear in the literature in the 1930s. Whether [William] Sargant claimed that he coined it, I don't know. He claimed so many things that he had coined that it's very hard to tell.

Abreaction goes right back to nitrous oxide and there were people working with it. In the late 18th century Samuel Coleridge went to Bristol to a laboratory there, where he inhaled nitrous oxide and described the effects on his mood. Around about the turn of the 19-20th centuries there was quite a vogue for giving nitrous oxide mainly to hysterical patients, to get them to abreact to it, to make them relive experiences. And I suppose the end of the 1st World War, and the coming of the Tavistock Clinic and the opening of the Maudsley Hospital, where people were treating large numbers of shell-shocked patients - it was really the work of the Tavistock that persuaded the ministry of pensions to establish a special department for looking after shellshocked people.

In World War I abreaction was still done using nitrous oxide?

No, they were using ether. I don't know about during WWI but certainly after it.

At some point in the 30s etc pentothal and amytal were employed for abreaction...was this spreading quite fast?

I think it was, yes. Amytal and ether to start with, and then when insulin became more common, small doses of insulin and I think some people still used nitrous oxide. The main things were ether, pentothal or amytal.

Was it in vogue in World War 2?

Oh yes, we used it a lot at Warlingham.

What would you do? What kinds of patients would it have been used for?

There were two groups. After the war there were huge numbers of people who'd had traumatic experiences which they needed to relive and work through with another person. And of course, a characteristic of all people who have had war trauma, it's so difficult to talk about it. It tends to get buried and pushed down, so ether or amytal abreaction was extremely helpful.

Back to LSD: how did you get your first supply of it? From Sandoz?

I brought a box of 100 ampoules back with me

How much is each?

100 micrograms

1 dose?

Yes, they [Sandoz] gave it to me. I told Hoffman that I didn't quite know but I thought I might like to work with it. The representative in London was a man called ***** . He was a doctor in charge of the department in London and he was extremely helpful. He acted as a sort of go-between, and he got all the supplies and all the work done at Powick was done with supplies that were given free by Sandoz

Do you remember your first case?

The first cases...I just tried it out on one or two psychotic patients in one of the admission wards. And just really to see what – to repeat what Hoffman had been doing, and to make sure that it was safe. And then we went on with a small group of psychoneurotic patients.

When you administered the drug, what were your expectations?

I think what surprised me was the vividness with which the events were experienced by the patients. Surprised. I don't think one should ever be surprised with events in psychiatry. Certainly some extraordinary things did happen...

The LSD Unit, at Powick – how was the LSD administered there?.

What *** did was she drew up whatever the required dose of LSD was, then it was mixed with an ounce of distilled water, the patient drank it. The room was just really a bed and a chair and there would be music playing if you wanted it, or a tape recording.

A doctor was present all the time?

Not really. Mostly [the patients] wanted to be by themselves. But there was always somebody on hand and there was a bell push. There were 5 rooms and always 3 nurses on duty, so there would always be somebody close by.

10 We did have a study group at the WHO. 1959. European and American: 'Ataractic and Hallucinatory drugs', in Geneva.

What was the atmosphere amongst your colleagues regarding the use of LSD?

In general, I think they were divided fairly equally. There were ones who took it up avidly and they would invite me to go and talk with them. A great many of them came

to Powick and spent a couple of days there. And then of course there were the sceptics. The analysts in general were against it.

Why?

I think they thought we might be stealing their thunder, that they might be out of business. We didn't make any claims at the time but it was clear that we could do things in a few weeks that might make analysis months to achieve. But I wouldn't want to push that too much.

Was the process something like abreaction? Did the patients talk as they had the experience?

It could be either. If they had a crisis, then you would want to be there. But being there rather than actually looking at the material in any details. Mostly it was talking afterwards – a very good time would be sometime during the afternoon, when the patient was just getting themselves together again and they would want to talk about what had happened.

You'd administer the LSD early in the morning?

Yes, 9 o'clock in the morning. Mostly they were outpatients.

What kinds of patients proved suitable for LSD therapy?

It's the kind of patients that you normally treat. We're all different. Every therapist has his own sort of patients that he's best at treating and somehow you find that patients kind of gravitate towards you.

But was LSD for schizophrenics, for example, not for depressives?

Oh, it's no good for psychotics. 'Depressives'? I'm not very keen on categorising people in this way. I think if somebody comes to you and you feel there's some rapport, and some problem there that you can't quite get at, that you need a little help with, then LSD may be the right thing. It's a very kind of intuitive process. And I always had difficulty in saying that this category or that category will do better. We did claim in our first paper that we thought that people with obsessional neuroses did rather better than anyone else but I'm not sure that was true. I wouldn't really like to approach it in that way.

Did the patients enjoy the experience [of taking LSD]?

I don't think so. I don't think you can call it enjoyment and in fact many of them found that it was quite terrifying but nevertheless there was a sense that this was the right path to be going along. And – enjoyable? – I did have one patient who felt that he was desperate to have LSD again and he even thought of breaking into the office to see if he could steal some.

Before you gave them LSD, would you warn them what the drug was likely to do?

When it first began we couldn't say very much. We always told them that this was an experimental drug and we hoped that it would be helpful to their condition, that it was perfectly safe to use but that there would be emotional disturbance - but we didn't specify what it was going to be but that there would always be somebody there to manage the situation and to talk to them. I have a quote from a patient at the time who said that she wouldn't have missed having LSD for all the world but that she realised that the doctors didn't really know much about it. She felt very much that we were all sort of feeling our way through the process together.

How impressed were you with the results?

I was very impressed. When you look at the figures, you can't say that this was any better than any other form of treatment. I don't know what constitutes 'cure'. We're in the business of relieving suffering and if the patient feels better and more able to cope with their life, with their human relationships, and they feel happier in themselves. I don't know if that's 'cured' but certainly something has happened. You've done *something*. There were very few patients who I think had no benefit at all from LSD. And there were a great many who I think discovered things about themselves that would have been impossible – or would have taken a great deal of time – to work out without LSD. I can't prove that...

After the drug had worn off, would you go over the patients' experiences with them?

Oh yes. And some of them would have interviews between sessions, independent of the LSD. In fact in terms of cost effectiveness, it was quite expensive. But then so was deep insulin.

How many sessions would be normal?

Somewhere between 10 and 30.

And this was your full-time role - administering LSD?

I had other duties elsewhere but I was pretty well full time...All the registrars took an intense interest and there were one or two who took it up in quite a big way.

Did any of your staff try the drug?

Some of the registrars asked if they could try it and I gave it to them under my supervision.

What did they think of it?

Oh, a lot of them had very interesting reactions. One of the registrars I knew well (perhaps it would have been better if one of the others had supervised him) wanted me to stay with him the entire time. So I said 'well, I'll do my best'. But I had to go away and do something else. And when I came back he was absolutely furious. He'd had an acute paranoid reaction. He felt that I had abandoned him deliberately and that I was against him. It was a very interesting reaction. There was no doubt that the mood of the patient when they go in to have the LSD reflects in the nature of the experience.

Did you try it yourself?

I did. Yes.

Did you learn anything?

I did learn quite a bit about myself. One of the things that was interesting was that when I got back home afterwards, I had a tape that I made and my wife – my first wife - was very interested and she wanted to listen to this tape, of myself on the drug. So we played the tape. And I think we'd known each other since I was about 19, a student. We'd known each other from quite early days. And her first remark was, she said: 'I haven't heard your voice sound like that since you were nineteen.' Somehow I'd taken on a different mode of talking and expressing myself.

There were lots of interesting time distortions. Time seems to take on a different dimension. I remember looking at my fingers and moving them like this, in a sort of a rather idle way, and thinking that hundreds of years had passed between each movement. There was an extraordinary sense of the reality of that. So it's – remember Tolkien talked about timelessness in the Hobbitt? It's that kind of complete suspension of time. Very interesting. This was the problem. Timothy Leary and others began saying 'everybody take LSD and turn on the world!' and that was fatal. It's not a drug for everybody.

But first the drug passed through the medical community?

What was really unexpected about the whole thing was, when doctors started taking mescaline in 1890-1900 and so on, they published a lot of papers but it never got outside the medical community. As far as I know, there were no articles in the Times or whatever The Sun was in those days. And I think I naively thought 'these papers, we'll publish them, this is for the medical community.' But within 5 minutes of publishing that first paper [on LSD], I had somebody from the News Chronicle on my doorstep, who wanted to know what all this was about - and he published a not bad article about it.

How did the journalists find out about it?

I think the newspapers were just starting to look at the journals as they came out – as they do now. And journalists get advance copies now, don't they? My expectation

was that it would stay within the medical profession and I never really thought that the medical profession would catch onto it as they did.

Did you personally try other drugs, or just LSD?

Never mescaline. It's a difficult drug to use, it has uncomfortable side effects and people often feel quite ill and they can become sick. We used psilocybin, the drug derived from the Mexican mushroom...

Were you aware of R Gordon Wasson's trip to Mexico and what he found there?

Oh yes, I met him and he told me all about his trip. I never acquired his book. I would love to have had it!

This must have been about 1959 now?

Yes, he and his wife – she was a paediatrician and they used to go down to Mexico every year for 2-3 months just to hunt for mushrooms and to talk to people and to look at the old Aztec traditions and so on. So they were a very interesting couple.

Were you aware of him before his discovery of psilocybin-containing mushrooms?

No, it was after. And then of course Hoffman synthesised [psilocybin] – which was a very astonishing procedure. ... So I think we were familiar with LSD by that time and it seemed to be the drug to use. I did use psilocybin but, again, you've got to learn to use these drugs and it would take about a year - and I didn't feel that I really wanted to take that path so I stuck to LSD.

One of the things that made LSD so exciting in America at the time was the theory that it was mimicking schizophrenia. Was the same notion prevalent here in the UK?

No. Not to the same extent. I always felt that muddied the water a good deal. It's a different subject, about how schizophrenia was researched. ... Yes, there are some similarities between the LSD state and the schizophrenic state – but there are lots of enormous differences, too. And I think to try and equate the two and say that you have produced a psychotic state - what's psychosis? Where do you draw the line?

What did you make of the term 'psychotomimetic'? A bit ham-fisted?

I thought so. As you probably know, I introduced the term psycholytic – 'mind loosening' – which I think is a much - I think it describes rather more clearly what LSD does. It does loosen up the mind, it does give access to areas of the mind which are normally not accessible. And whether they are crazy areas or not is immaterial, I think.

And the hormonal theory of schizophrenia?

Well, I think that's probably pie in the sky, really.

Working with LSD – this must have been a pretty small network of physicians at the time. How did you all keep in touch with each other?

There was no network. I think we were true pioneers in that sense. I mean, we created the network but I – the only network I had was Harold **** in London, the doctor who was the Sandoz representative in London, and Switzerland. Those were our contacts.

Were there others in the US at all, other than the two guys with that first study?

I'm not quite sure... They were just two guys who thought they'd have a go. They never appeared at conferences and I never heard anything from them. They never took part in the LSD scene at all. There was this [produces a book]: 'Proceedings of the First Conference on LSD, a round table', part of the American psychiatric Association's meeting. This would be 1955. [Aldous] Huxley was there.

Did you meet him? What was he like?

Very disappointing. He was very aloof. I think a bit like [William] Sargant really, he knew it all. He'd done it all with mescaline. Nobody knew better than him! I tried to talk with him about the effects of LSD on conscious activity and so on and he said 'Oh, you're a Jungian, are you?' I said 'Yes, well I do lean towards him.' 'Ah' he said 'I've gone beyond Jung.' So I thought well, OK.

His book [The Doors of Perception] was out by then?

Yes, I think it had been published

Is Huxley to blame to some extent for the popularisation of LSD later on?

It [the book] obviously contributed but whether it had much effect...I always thought that people like Leary and his disciples did more to draw people into taking LSD than Huxley.

Did you know Harold Abramson?

I met him at a conference but I didn't really know him. I liked him. He was using LSD in rather small doses and liked to feel that it facilitated psychotherapy. The main task for him I think was psychotherapeutic.

Did you get the impression that he knew a great deal about the drug and its potential?

I don't think he went into it in great depth.

He was working for the CIA at the time. Did you know that?

[laughs] No.

This conference was in Atlantic City?

Yes.

And it was paid for by Sandoz?

Yes. The first ever conference on LSD: May 12, 1955.

Was there a sense at the time that people were just feeling their way around the LSD issue?

I think people were very much feeling their way and I think that is very much reflected if you read the papers. They were using – it's not like people feeling their way but they were all very active to link up with other people who had had similar experiences. And that was really the first time that there was any really serious networking.

It appears from this list that the contributors at the conference are, at this stage, the only people actually using LSD in the world. There are only 12 of them!

Yes, but there were others who were using LSD who weren't at the conference.... The trouble with the Americans was that they couldn't stop. They used LSD and then they used LSD in combination with Ritalin, and then Ritalin with something else and – I think they do tend to overtreat their patients.

A different attitude to LSD than there was in the UK, then?

I think it was less psychotherapeutic and more based on – yes, I think the patients had to do more of the work themselves. That's the impression I got. There was Betty Eisner who was a very good psychologist - a very dynamic figure. Very experimental. But she knew what LSD was about and she was a great ally in helping to dispel some of the more extreme ideas about LSD. Then she got into trouble running a sex clinic and got herself struck off.

My image is that very few people in Europe were doing it until it hit the US I'm not sure that that's quite right. I think that it was certainly being used quite extensively in this country. Certainly 15 or 20 hospitals were using it – major mental hospitals. And a number of private clinics and a number of private practitioners, too.

This is all going on by the mid 1950s?

Yes. In France there was less interest but they were using it in Paris extensively. Germany there was a major centre at Gottingen. There was a lot of work going on in Italy. There was an Italian psychiatrist in Rome who used to give LSD to his trainees.

There was a lot of interest in Rome. But probably the biggest centre of interest was in Argentina. They were reporting in 7, 8, 900 patients.

There was a lot of interest in Holland. And they were working with prison populations and some very interesting stuff turned up there. Then there was the Czech psychiatrist who went to the States. Quite independently of us at Powick he had developed a way of using LSD that was almost identical.

All this work – I mean, Argentina and Holland and Germany and so on – this all came from your initial research?

Oh yes. I don't know how many copies of our paper we sent out, our original one but we must have sent them all over the world.

The paper must have created a sensation when it came out?

It did. I never expected anything like it.

But you must have been aware that this was pretty interesting stuff.

It's very hard to judge when you are actively involved in something. You know you've found something that *you* find interesting but I don't know what catches people's imagination. It's like a successful businessman – he catches onto something and it sells and he becomes a millionaire. Another person finds something that he thinks may be interesting and he goes bankrupt. What's the difference?

Was it exciting, at the time?

Yes, exciting to me, but whether it was exciting to other people, it's almost impossible to tell. I was not encouraged by the fact that when we did that first visit to Sandoz Laboratories, none of my colleagues seemed to be interested. Well, they were sort of interested but they weren't going to follow it up or do anything about it.

What did you make of Timothy Leary?

It was very sad because Leary was well thought of. He was an academic of some standing and he had a good reputation. He really got soaked in LSD and that was the only thing in the world for him.

Had you heard of him before LSD came up?

No. Certainly at Harvard he was well regarded. But I don't think he was an international figure.

Was there a point at which you realised LSD was spreading – or had spread - to the street?

Yes. You see, I really came out of LSD... I was needing a change in my life and I left Powick for Southampton. But that coincided with the time when I didn't think there was any future for LSD. There were two reasons for that. One was that Sandoz's patent ran out so that meant that anybody could make it And Sandoz wisely decided not to continue making it and it was made professionally by [another company]. The contact with Sandoz had gone at that point. But it was the street use that really determined – from my point of view – that it couldn't go on. Because the patients would start saying 'Is this the same LSD that we've been reading about in the papers?' You couldn't really say 'Well, this is a serious therapeutic operation' when people are getting stoned on the street with it. There were some very high profile court cases.

Did you ever get officials calling you about LSd, asking for advice?

Oh yes. I had many letters from people and phone calls and I used to go around and give lectures and look at the department and talk to the people and how they could use it and they used to come to Powick as well, to see what we were doing. I had a lot of visitors from the states, some from Argentina, Germany, Holland, France. A great many people.

How about from the intelligence services? MI5, for example. Any contact?

All I knew was that there was work going on at Porton Down. And I knew that because during the war I had worked with a chap called Pete *****, who afterwards became professor of pharmacology at **** Hospital. And he had worked at Porton Down during the war and he kept in touch with them and he told me that they were using LSD and that they had work going on but he couldn't say anything else about it. I don't know whether he knew much more.

What date was that?

Could have been fairly early on, I think. Probably '58, '59.

Before the 1960s, then?

Before the 1960s, yes. That's my recollection. I wouldn't like to be held to it.

Who would have helped the Porton people, do you think?

Our first paper gave very clear instructions on how to use [LSD], and the dose, and included the instructions to nursing staff and details we'd given to the patients on what to expect, so I think anybody could work from that as a blueprint.

You were never contacted about it?

No

Is there any chance that LSD might work as a truth drug?

I think that – my view of truth drugs is that you don't necessarily get the truth. I think if somebody really wants to withhold info, you're not going to get it out of them. You're more likely to get it out with ether or pentothal than you are with LSD.

Why?

LSD is a very introverted process. You're not suddenly spouting everything out. It's all very inward. And you only feel inclined to convey it to the other person if you trust them. I know that interrogators are very skilled at getting people to trust them but nevertheless, if you know that the purpose is to get you to reveal something that you don't want to reveal, I don't think that LSD is going to make you do so.

What about other 'truth drugs' such as sodium amytal and pentothal?

I personally think that there are certain extremely determined individuals who will never give up the truth, or reveal what the interrogator wants. No matter what you do to them, torture them, give them truth drugs – they are not going to reveal it. I think there are some people like that.

But the experiences of some under abreaction might seem to indicate that this is not the case?

I do wonder about that, I really do... I think it would be valid with certain people... a suicide bomber... has been indoctrinated with a cause. But that doesn't mean you could make everybody a suicide bomber.

And how about this issue of 'mind control'?

The Americans are always just a step away, aren't they, from the great breakthrough? I would question that.

You were obviously familiar with the idea, at least, of a truth drug. Did you hear anything about research on 'truth drugs' during the War? Was there any research going on?

I believe ***** [name] did some but he was not working on that. He was working on nerve gases, so I don't really know how much he knew or – he was limited by the Official Secrets Act so he didn't say much.

You said 'I believed that something was going on' [with regard to truth drugs]. Where did you acquire this belief? What did you hear at the time?

Oh, ***** told me they were working on truth drugs. But exactly what and how, I didn't learn. That was during the War. British. Oh yes, I'm sure they were! Well, that's what he said.

*Is *** still alive?*

I haven't heard from him for about 10 years. He'd be in his 90s now. Prof essor ****
*****. He was at [hospital name].

Do you think that at the time a truth drug might have seemed like a possible option?

Oh, that would have been quite realistic, I think. People were working with this. 'Truth Drug' is not a professional term. 'Abreactive drugs' are really the same thing. They were around. People were using amytal and small doses of insulin before the war. I don't know when William Sargant started using amytal narcosis but I think it must have been shortly after the war. So people were quite familiar with the idea of drugs being used for getting more information from people. I think the term 'truth drug' was as American one...

Who were at the forefront of abreaction research?

Sargant was, yes, certainly one of those at the front. Sargant. Shorvon at the Maudsely.

If I was an intelligence official during World War II and I was looking for advice on truth drugs, where would I go?

I would think you would probably go to the Maudsley wouldn't you? I think that was regarded as the psychiatric centre in London, and I think that's somewhere you would go.

Were you ever in touch with British researchers on LSD who never published the results of their work?

Can't think of anybody...

Do the names 'Bill Ladell' or 'Cyril Cunningham' Ring any bells?

No

Did you ever deal with either Geschickter or The Society for Human Ecology [both CIA front organisations at the time]?

Nope

At the time, 'brainwashing' was a big deal, wasn't it? What with Korea and the confessions. What did you think?

I think one had to take it seriously... not everybody can be brainwashed. Was there disdain for the term? Of course. But for want of a better word, one uses the word

'brainwash'. The suggestion is that everything is wiped out and a new layer of beliefs is put in. I'm sure it's not like that.

Presumably in your community there must have been a great deal of discussion about what had happened to these POWs in Korea?

Oh, of course there was discussion. I'm sure there were papers read on it at conferences. But I can't recall what was said or what was the general belief.

You thought it was nothing?

No, I took it seriously. I mean, look at Hitler's Germany! How did millions go along with Hitler? There's something internal which was resonating with what this man said. And when the two meet, then that makes a convert. I would have thought nobody knows more about this than the evangelists. Look at the extreme sects like the ****s. It always seems to me that they pick on vulnerable people who are vulnerable, who are needing some sort of something to lean on. But I personally know too little about the effect of prolonged military action on people.

The experience of the First World War was that anybody could break down. There were very few exceptions. If you expose a man for too long to the horrors of trench warfare, he would crack. Some people lasted longer than others. Morhan's book, 'The Anatomy of Courage' explains that the psyche has a store of courage and that runs out under extreme warfare.

There was – a bit later – quite a lot of discussion about the suitability of LSD as a weapon.

The problems with distributing LSD are the same as those with gas. The interesting this is, it never was used. I suppose you could disable an enemy in that war but on a broad front it would have to be a massive operation...

LSD would end up being purloined by hippies and governmental spook-types. Why did LSD therapy and proper research work like this end up becoming discredited?

I think we were fortunate in that we got in early. We had probably 10 years before it began to be discredited but the people who came in later really did suffer. People who were running really good clinics had to give them up.

Is there still a place for LSD as part of the therapeutic process?

I don't know. The whole therapeutic climate is different. I can't see LSD therapy starting up again. For myself I see it as a transitional object – and it was probably a transitional object for the whole of psychiatry. A world war, highly disorganising to virtually every society in the world, had just come to an end. There was uncertainty. There was a lot of mental illness. Everybody was searching for something, some way of dealing with it. LSD was one of the ways in which we were able to deal with it. In

terms of numbers, and the global effect upon the total suffering of mankind, what impact we made, I don't know. Like so many other treatments, like psychoanalysis, it has bigger effects on society and literature than it does on the patients.

Did LSD failed to fulfil its potential?

Yes, if you look at it in the round of the whole experience, that's probably true. But if you ask the individual patients 'did you get anything out of it?' Ask them if they discovered something about their lives that they couldn't have found any other way, they would probably disagree with you.

Ever come across sensory seprivation?

I didn't actually talk to anybody but there were two streams of thought there. One was to apply sensory deprivation; the other was to apply a similar technique but to reduce people to a highly regressed level so that they became sort of babies. And had to be nursed. There were people actually doing this, not just with sensory deprivation but with regressive techniques which involved some sensory deprivation – also drug therapy. These patients were reduced to what I thought was a pathetic state. They were having their nappies changed and being fed milk and being nursed and looked after. What good there was in that I wasn't quite sure but there were a lot of people doing it. Regressive therapy was used in Canada and the States and some people I this country.

You put them onto a narcosis regime, either modified insulin or amytal. Put them to bed, have nurses looking after them. You do a lot of suggestive work and you push them back and back and back. These are people who want to go back and be babies. So they are ready to do so. What good it does I've never known.

What was the role of sensory deprivation in this sort of thing?

Low light illumination, keep them in a darkened room. Don't give them any noise, don't let them speak to anyone – all that sort of thing. Regression started roughly in the 1960s. It died a death.

ECT was involved too, wasn't it? What did you make of that?

No, I've been an opponent of it. Every treatment that has been known to work has its dues and I'm sure there are people who are gravely psychologically distressed who will respond to ECT. So it has a small place. But the very liberal use of ECT in the 50s and 60s was quite wrong.

What did you think, then, of the Page Russell technique?

I've heard about it but I never experienced it or saw what they did. It sounded pretty bad to me... There were a few people who were using regressive ECT, which is really just giving massive doses of ECT until the patient was virtually a vegetable, and then

they gradually recovered from that. My clinical approach has been the *reverse* of that. I'm all for bringing things out of the unconscious, rather than just trying to bludgeon it out of them. So I think that ECT and I are on opposite sides of the counter.

There has been talk that William Sargant worked for MI6?

I would doubt that. Maybe he was approached by MI6 after he wrote *Battle for the Mind* but I don't know.

What do you think of Battle for the Mind?

I think it's rather superficial. Sargant wasn't a deep thinker. His trouble was that he was a failed physician. I'm quite sure that he never would have gone into psychiatry if he hadn't had this TB when he was a student, which really – I think he said that in his book – he felt that he couldn't go on with general medicine and I think he was always regretting that he wasn't what you called a 'proper doctor' and I'm sure that that was what pushed him into feeling that he was a 'proper doctor' by using physical methods.

... I used to see [Sargant] fairly frequently because he sat on Thomas' committees from time to time...he was very generous to me...but he saw himself as a bit of a saviour.

But he was an important figure in post-war psychiatry, wasn't he?

I don't know how much he was more or less important. You see, he was never made professor and he was – I think he was pretty miffed about that. He was at Thomas' and he never got the chair there. Then he started the tack that he was very against medical superintendants. Then he started to attack professors. ... There was a lot of sour grapes with Sargant.

Various interviewees have told me about how he liked to demonstrate patients to people, kind of showing them off...one in particular, who was encouraged to relive a horrific experience of being trapped underwater at Dunkirk.

Yes, I've heard stories like that about Sargant. I mean clearly he got this chap into a sort of hypnotic state and he could perform at will. And there were people doing that. There was *****, at Guys, who had his own television programme, where he brought patients into the studio and hypnotised them and they went through various emotional discharges. But again I would think that they did this time after time for an audience... It would strike me that a man who would do this time and time again would be in a pretty bad way because he's got stuck into something that he can't escape from. But not uncommon. I remember as a student seeing demonstrations like this.

Then there was Sargant's sleep therapy...

I don't know how far it spread elsewhere. I'm sure there were a few people that tried

it out and picked it up but it wasn't every something that attracted me. It was the reverse of what I was trying to do...

Was it controversial?

I think it didn't create controversy simply because it didn't do harm to people as far as I know. And it didn't hit headlines – like LSD did.

What about Ewen Cameron?

He was a very nice chap. Very agreeable. Yes, I liked Ewan Cameron. I had more than one connection with the Allan Memorial Institute because they had a social club and we used to correspond with them so I went to the Allan when I was in Canada, which would be about 1957, I would think. That's when I met Cameron.

What was the Allan like?

I thought it was a good place, I liked it.

Were you aware of any controversy?

No. When you visit another country you're shown things that they want to show you and that they think you'll approve of.

You weren't aware of what was happening there – the depatterning and so on?

If you go and visit a place for a day, you never hear about this. You get to see the best.

I'm in touch with one patient who was put to sleep for months and given repeated doses of SCT – and lost her memory as a result.

People were experimenting with deep sleep treatment and regressive treatments and regressive and sensory deprivation treatments and this sounds like the extreme end of it.

Something that's out of date but not necessarily very bad?

It's not something that I would ever contemplate doing but I can imagine that there would be a number of people who would go along with this sort of treatment at that time. I think that's the best thing to say about it.

Second interview – on British government/intelligence services' support for work involving LSD in the 1950s and 60s

This interview, by telephone, came about after I stumbled on documents at the Public Records Office indicating that Britain's intelligence services had contemplated using LSD as a truth drug in the early 1950s – and that practical research was underway. One of the names in the documents was a prominent physician [whose name I have obscured here, as well as certain other details that might serve to identify him - for legal reasons] – who appeared to be advising the British government on LSD's potential in the intelligence/military world. I wanted to know about this man, so asked Sandison whether he had ever come across him. The results were surprising.

*Have you ever heard of **** * - and his use of LSD?*

[Of course I've heard of him!] I'm not absolutely sure. He certainly wasn't using [LSD] clinically. My main contact with him was as somebody who was supporting our work. I assumed that he was taking an academic interest...

But here there is a declassified file from Porton Down – and he is on the panel.

I'm not quite sure how much work he did. His first published work was on the use of **** [drug]. That's what he was really known for. I don't think he was particularly known for his work with LSD. But he did play an important role in the WHO conference on ataractic drugs and hallucinogenic drugs. But I thought his main work was on the **** group [of drugs]

Did he ever mention to you any work with LSD that he was doing?

No. Or if he did, it didn't register with me

You wouldn't have known when his interest began.

No. He was a very agreeable colleague. He supported my work to the utmost and he got me involved in a number of conferences and other events which helped to – it was as if he was involved with the academic side of the adventure and I was involved with the clinical side. And we had that sort of partnership.

[quote from the declassified file]: 'We discovered when LSD was fed to unwitting subjects...' So someone in the UK, even at this early date, was apparently dosing people with the drug without their consent. To your knowledge, were there any experiments like that anywhere in the UK?

I can't say that I did but that was probably because my interests were narrowly clinical. I was interested in people giving the drug to patients and they would know what they were getting.

[further quotes from the declassified paper]

Ah. So that's a report to whom?

To the Joint Intelligence Committee.

So this was clearly linked to interrogation of

Looks like it.

Yes, it does. I wasn't aware of that use of LSD. I was certainly aware of its possible use and people were talking about it – to be put into the drinking water of the enemy to disorientate them but...

In these experiments, Porton would presumably have had to drug some candidates and not drug the others

I'm sure. That's very plausible. I think that that happened. But if it did, I – **** never made any talk about it and I think he kept it very much to himself

[further quotes from Porton Down documents regarding the intelligence services' research on drugs]. This sounds very much like a truth drug test to me?

That's interesting. I imagine that the only person that would have been competent to handle that was professor ****, and he was a neurologist, not a psychiatrist.

Obviously SOME kind of work was going on there in 1950 and that became the LSD programme?

**** probably inherited that, yes, but I know nothing about that. There was a curious divide between that sort of work and clinical psychiatry which, really, we were so preoccupied with that at Powick Hospital with creating a decent hospital and one which ultimately became a thriving therapeutic community. So I think we probably didn't concern ourselves too much with that.

*...When ***** was supporting you in your work on LSD, you were the first in the UK working with the drug?*

We were the first. It spread fairly rapidly. I would think probably by 1955 there were perhaps 10 centres using LSD.

When did he start supporting you at Powick?

As soon as he was appointed, which was, I think in 1953. And our first paper appeared in 1954. I actually started using LSD in late 1952, and we started the programme in 53. So it was as soon as he got to *****. Can't remember the exact month.

To confirm, at the time that he started supporting you, you were the only place in the UK using LSD?

I think that's true because until our first paper appeared, nobody knew anything about it

'He supported' means what, exactly?

That was the major physical support but he supported us in that sort of practical way but he also supported us in helping to make this rather strange treatment acceptable. So he clearly influenced colleagues in *****, and he was a very attractive outgoing person, who made friends easily, he influenced people quite strongly. So – just by talking to people. He would say, 'Well, there's some interesting stuff going on down at Powick, you ought to go and look at it.' That sort of thing. I think that's what happened.

The thing was, we were lucky to get that unit because Powick had been run so cheaply before I went there. It demanded large sums of money and in fact the Department of Health had to make a special grant to the regional board to prevent a scandal breaking out – about the state of the slum status of Powick Hospital when I went there. Then we had to ask for further money, something like £50,000, which was quite a large sum on those days, to build this purpose built [LSD] unit.

That money came from the Department of Health?

I think that came directly from the Department of Health, yes.... And I know that **** had a lot to do with that.

***** had that kind of power with the Department?*

Um. I'm not sure who was – could well have been. It might have been, yes.

Wondering what the process is. £50,000 must have been a great deal of money back then?

Oh yes.

So you have to apply and he pulls strings, or what?

I talked it over with him, I said 'If we're going to continue with this thing we must have a unit' ... and he said, 'Well, you know, sketch out what you think would be appropriate.' So we designed the building and set out ideas, which of course were somewhat modified by the board, the board's architects started to work on it. And there it was. It went through remarkably smoothly. I can't help feeling that **** somehow put a lot of pressure on somebody somewhere.

Is that what you think now I've been asking you these questions, or did you think that at the time?

I'm sure that happened at the time and I've always felt that his influence was a considerable one in that respect.

Why would he have that kind of influence?

That I can't answer. I really don't know. But there it was.

*Can I put a hypothesis to you? I'm going to suggest that ***** was reporting to the government and the intelligence services, and that you were his number one source of information on LSD. And that was the reason you got your money. Would that surprise you?*

Not altogether, no. It would have surprised me 6 months ago but the sort of things you've been talking to me about, it wouldn't surprise me at all. His interests were very wide-ranging.

So you think it's possible you might have been involved in clandestine research into the use of LSD as an aid to interrogation without being aware of it?

It's quite possible but nobody ever approached me directly, so it's a bit of a closed field to me, really. With hindsight, with the view of what you and other people have been telling me over the last few years, it's surprising that they didn't approach me

I wonder if they did in their own little way, since you were the number one person at the time, the thing to do would be to send someone to visit you and say 'how's your work going?'

Yes. Well, quite possible. I just don't know

*Was ***** excited by LSD?*

Oh very much so. He was excited with all new things. There was so much that was going on at the time ... He was a man who was excited by everything that was new in the pharmacological field. And I think he saw LSD primarily from the pharmacological point of view.