

Portrait of a Pioneer

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Fannie Kahan (1922-1978) was a Canadian journalist, author and editor. This article is a brief survey of her contribution to the field of Orthomolecular medicine.

Mrs. Kahan was a pioneer in the

Orthomolecular field. She was one of the first journalists in the world to realize the significance of the early research by Drs. Abram Hoffer and Humphry Osmond on schizophrenia. In 1957, in an article entitled "New Hope for Half Our Mentally III", she wrote:

Within the walls of University Hospital in Saskatoon, a group of scientists are engaged in an exciting treasure hunt which may soon change our whole concept of mental illness and open wide the avenues of human happiness.

Under Dr. Abram Hoffer, director of psychiatric research for the province of Saskatchewan and himself a biochemist, a team of biochemists, psychologists and research nurses are tracking down the cause or causes of a mental illness known as schizophrenia, which accounts for half of all mental illnesses.

Convinced that these patients are suffering from a disease with biochemical

origin, Dr. Hoffer and another young psychiatrist, Dr. Humphry Osmond, superintendent of Weyburn mental hospital, are closely cooperating in psychiatric research,...

They theorized that under certain conditions there is an increased production of some substance in the bodies of these patients which interferes with brain metabolism and causes schizophrenia. Mrs. Kahan's efforts to inform the public of the importance of good nutrition date back to 1944, with two newspaper articles in the Minnesota Daily, one on the Federal Nutrition Program and one on nutrition for GI's. In 1949, she wrote a series of articles on nutrition for the Melfort Journal, entitled "A Longer Life." This series was a guide for the public, discussing such things as how to preserve vitamins while cooking. In the series, Mrs. Kahan shows an early appreciation of the significance of nutrition in physical and mental health.

The whims and fancies of appetite and taste can be woven around a sober foundation of foods that will reap a harvest of well-being few of us ever achieve. It is not enough for food to build energy, repair tissues, and maintain resistance to disease.

Food is the raw material the body needs to operate as a complete, well-integrated unit. We are best fitted for solving our life's problems only when our

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minds and bodies are operating at top efficiency...only when we have achieved the goal of optimum health.

Unfortunately loss of health is a slow and insidious process. Warning signs appear in noticeable strength after a great deal of damage has been done. We find all sorts of excuses for our fatigue, irritability, moods of depression, and rarely put our finger on the right one...a poor diet Mrs. Kahan was a prolific author. Over a span of three decades, she wrote six books and a number of articles on a variety of subjects related to Orthomolecular medicine, and medicine in general. She has described her experience with LSD; reported on a Schizophrenics Anonymous conference in New York; written a history of psychiatric nurses in Saskatchewan; discussed the problems faced by children in hospital; written a short story about a paranoid schizophrenic; and on and on. What makes this all the more impressive is that she did not confine herself to writing about medicine. She wrote a book on early Jewish settlers in Saskatchewan (**Land of Hope**), a novel about a young girl in a small prairie town (**It's So Peaceful In The Country**), and dozens of short stories and articles. That she was able to accomplish all this and still fulfill the responsibilities of family life is an indication of her energy, enthusiasm and commitment

Three of Mrs. Kahan's major works all made significant contributions to the Orthomolecular movement, and the health of the North American public. **Brains and Bricks**, written in 1965, is important because it describes a unique experiment in psychiatry and architecture. The Yorkton Psychiatric Centre is one of the few mental hospitals in the world designed from the patients' point of view. In order to gain insights into a patient's perceptions and thoughts, the architect Kiyu Izumi, held extensive talks with Drs. Hoffer, Osmond, and others, and took LSD on several occasions. This enabled Izumi to design a hospital free of features that might bother someone with a perceptual disorder. For example:

Under LSD Mr. Izumi was disturbed by

the inability to perceive the whole of space, whether it was circular, rectangular or triangular. He therefore planned the bedroom so that the ceiling should be clearly defined, and not appear as though it was part of an infinite plane that continued on and on into adjacent spaces. The book also showed how public pressure could be employed to force the government to meet the psychiatric needs of the community, in this case by providing the funds for building the hospital.

In 1966, Mrs. Kahan, in conjunction with Hoffer and Osmond, wrote **How To live With Schizophrenia**. This book is a classic in Orthomolecular literature. For one thing, it was the first such book to have a wide distribution, creating interest among a great many doctors, patients and their relatives. If this book had not been written, it is possible that the Orthomolecular movement would still be little-known and easily ignored.

Also, it is the first book written for laymen — particularly schizophrenics and their families — to describe the principles of Orthomolecular psychiatry. For example, it defends the use of the medical model for schizophrenia, arguing that schizophrenics should receive the same privileges and responsibilities as those afforded the physically ill, such as a prompt diagnosis. In the Foreword to the book, the Right Hon. Christopher Mayhew, M.P., says:

This is a brave book on many counts. It is addressed directly and intimately to schizophrenic patients as a group, which will shock some people. It strongly attacks the traditional approach to schizophrenia. It also commits itself to a specific form of treatment which, as the authors themselves acknowledge, is not yet completely accepted.

But the authors' courage is completely justified. Nobody can read this book without gaining a much clearer and deeper understanding of schizophrenia, nor without feeling more compassion for the mentally sick, more willingness to help them, and more hope for the future. Mrs. Kahan's second book (1968), also written with Hoffer and Osmond, was **New**

Hope for Alcoholics. This book does for alcoholics what **How To Live With Schizophrenia** does for schizophrenics: it discusses, in readable language, the cause and treatment of alcoholism. As the authors say in the Introduction:

The book is written for lay people, in lay language, and for those doctors who are as concerned about alcoholism as we are. We don't pretend to know all the answers. But we hope we have offered enough information to provide new hope for alcoholics. The book describes a holistic approach to treatment. It discusses how vitamins and diet are necessary to correct the biochemical imbalance involved in alcoholism; how groups like Alcoholics Anonymous provide needed emotional support; and how LSD is a powerful therapeutic tool for giving the patient insight and motivation. The holistic treatment concept is brought to life for the reader in a description of Guest House, a treatment center for alcoholic priests.

It is hoped that some day Mrs. Kahan's unpublished works will be published in some form, because they contain a wealth of excellent material. In 1967, Mrs. Kahan wrote **Inside Schizophrenia**, based on letters written by schizophrenics to Dr. Hoffer. The value of the book is discussed in the Introduction:

Letters...reveal a great deal about the patients' and relatives' problems, and this is the reason for this book. The letters published in this book were all unsolicited letters to A. H., and were chosen for their revealing qualities...the uncertainty, desperation, longing for hope and often a search for self-treatment, and the suffering caused by professional remoteness and withdrawal from real illnesses and symptoms. In 1957, Mrs. Kahan wrote **Road to Manitou**, and in 1960, **The Spiritual Button**. These books give a moving account of the Peyote religion of North American Indians, its importance in preserving and strengthening Indian culture, and the vicious suppression of the religion by government authorities. In **Road to Manitou**, Mrs. Kahan writes:

...today there are 25,000 Indians in 13 states

and some in three Canadian provinces who find strong spiritual and physical comfort in a religion which is restoring intertribal bonds where the white man rent them, reviving their pride in the past which the white man has tried to trample, giving them hope for the future which they can find only within themselves. It is spanning the gulf between the white man and the Indian — a gulf which the white man has himself created and has made little effort to close. It is providing a way of life to those for whom the past four centuries of life have scarcely been worth living.

It is many other things to the many who adhere to the Native American Church on which the religion is founded. But to all it is a rite of singing, prayer and quiet contemplation, and healing when Peyote, believed holy and miraculous, is eaten as a symbol and a sacrament. These books were probably not published because they were far ahead of their time; the beneficial effects of hallucinogens and the cultural genocide of Indians were not popular themes in the fifties.

Mrs. Kahan's writing and editorial skills were invaluable to both the Canadian Schizophrenia Foundation and the Huxley Institute for Biosocial Research. From 1972 until her death she was managing editor of the *Journal of Orthomolecular Psychiatry*, and editor of the *Huxley/CSF Newsletter*. She wrote three pamphlets for the CSF: **Which Treatment Should a Schizophrenic Seek?**, **How To Judge a Mental Hospital**, and **What to Do If You Have a Troubled Chad**. These pamphlets offer practical and highly readable advice, and as a consequence have sold very well. She also wrote the CSF publication "Schizophrenia and the Law," described elsewhere in this *Journal*.

Mrs. Kahan wrote several articles for the *Journal of Orthomolecular Psychiatry*, including two on the history of the early research on megavitamin therapy: "Builders and Destroyers," and a comprehensive 77-page review entitled "Out of the Quicksands." She wrote "the "Tired Volunteer" column for the *Newsletter*, plus numerous interviews and news reports.

I. J. Kahan, General Director of the CSF and husband and colleague of Mrs. Kahan, was asked to assess her contribution to the CSF and the Huxley Institute. He said:

Being editor of the Journal and Newsletter was a vital service to both organizations. We could not get along without the Journal, and we would have a tough time getting along without the newsletter. The fact was that she was grossly underpaid for her work as editor. She did a tremendous job. The Journal, as a result of her work, has a high reputation, and is distributed to many people, universities and libraries around the world.

Her pamphlets have made a great contribution. They are quite popular. She was able to put so much information in such a small pamphlet

The quality of the Newsletter was excellent; we get many many compliments. Many people say they miss her column the "Tired Volunteer." It was personal, it had humor, and at the same time it had a lot of meaty information.

Her work advanced the growth of the whole Orthomolecular movement Mrs. Kahan's contribution to the CSF and Huxley Institute was officially recognized in 1977, when she was presented with a plaque at a conference of the Huxley Institute in New York. The award was given "for outstanding services to the Orthomolecular movement including dedicated and creative editorial services to the Journal of Orthomolecular Psychiatry and the Huxley/CSF Newsletter, and for her infinite wisdom and boundless efforts on behalf of the Orthomolecular movement."

Mrs. Kahan wrote simply and lucidly about many things normally discussed only in the obscure jargon of psychiatry. Mr. Kahan said of her:

She was able to bridge the gap between the public and the scientist, researcher, clinician. The public knew very little about what the researchers were doing and were mystified about what research was like, what treatment was like, and how diagnoses were made. Mrs. Kahan's talent lay in being able to

translate the language of the researcher and clinician into laymen's language. Moreover she had a sense of humor and a real gift for making accounts interesting and dramatic. Of course this is a very important contribution to medicine and to science in general, because without the public's understanding, involvement and support, research and new approaches cannot go very far. Mrs. Kahan always related the things she wrote about to the patient; she never left the discussion in the realm of abstract theory. For instance, in discussing the medical vs. nonmedical models of schizophrenia in **How To Live With Schizophrenia**, she shows how patients are harmed by being deprived of the sick role: ...a man with a broken leg is not allowed to work, and is given the right to rest, complain and do many things which would be entirely unacceptable if his leg were not broken. Now imagine what position the mental patient is in when he finds himself in a strange world in the hospital, and when his nurses and doctors refuse to tell him what his disease is, and so refuse to give him the sick role. One of the most therapeutic measures known to man is denied him, for if he has an unnamed disease he has no disease. Because she had a rare knack for describing schizophrenia in language the layman could understand, Mrs. Kahan contributed greatly to public awareness of the illness. The following is an excerpt from a vivid and absorbing account of a schizophrenic farmer, which appeared in **The Western Producer** in 1960:

That night, when his sister spoke, it seemed as though she were talking to someone else. He heard someone laugh. But there was no one there except Maryanne, and she was looking at him in bewilderment Her face looked peculiar, puckish, like a little old woman's.

"Why don't you answer?" she said. "Do you want tea or coffee?"

Tea or coffee. He thought about it He couldn't decide which and what did it matter? But his sister was getting impatient and his indecision was beyond

comprehension.

He fled into the bedroom and locked the door. He stayed there until the middle of the next morning, pretending not to hear Maryanne calling him and banging at the door.

That afternoon, sitting on the ground trying to repair the combine himself, he felt weak and dizzy. The ground seemed to swell slightly and move toward him. He stared at the tools. They seemed to have become smaller. He stared at his hands. They were smaller too. He looked at the combine. It seemed to have shrunk. Something was terribly wrong with the world: Or was it himself? He put his tools away and went home. He didn't eat that night either.

When the repairs arrived, he decided that all depended on the combine. He thought about the combine night after night. When he finally fell asleep he would wake up in a panic. His dizzy spells became more frequent, especially while driving the combine. His breath came quickly, his fists clenched, his heart pounded and he sweated profusely. He was very tense.

One night he had an idea. He would tune the machine again from top to bottom. The next day he went over it carefully, cleaning, oiling, tightening, adjusting. By evening he was sure it was in perfect shape. The next morning a neighbor came with bad news; someone had smashed the combine motor beyond repair. He couldn't believe it. It was true his neighbors despised him. Even his own sister didn't like him. But who would do such a thing?... "It took me years", he says, "to admit to myself it was I who had done it." In her writings on schizophrenia and alcoholism, Mrs. Kahan often had to explain biochemical theories and research findings in laymen's terms. She was able to do this with amazing clarity, without talking down to her readers or leaving out essentials. In **New Hope for Alcoholics**, she explains the concept that altered brain chemistry can affect mental functioning:

One of the main cells of the nervous system is the nerve cell or neuron. The neuron starts electrical impulses and transmits them to other

neurons.. The bridge between the cells is called a synapse.

Action starts when one of the 10 billion nerves in the brain is stimulated. A wave of electrical energy races down the nerve until it comes to the synapse. Here it needs help to go on to the next neuron, because it cannot jump across. Chemicals are released within the synapse, move across the gap and stimulate the neuron side the moment it is reached. Each neuron is touched by thousands of nerve endings, and when enough of these are stimulated, it fires, starting another chain of events.

The brain can function properly only if these complicated time sequences are maintained. All synapses must fire in a coordinated manner, and all chemicals must be manufactured, released and destroyed in normal order. As long as this operation is uninterrupted, the individual sees, thinks and acts normally.

The slightest interference can throw the whole mechanism out of gear. If abnormal chemicals like adrenochrome are made in the synapse, they can slow down transmission. Message A, which should follow Message B, may come before it. Some messages may not be removed when they should be, and might continue to stimulate the neurons when they should not. Throughout her writings, Mrs. Kahan demonstrated a deep concern for the sufferings of the mentally ill. For example, in 1959 she wrote an article called "The Patient in Hospital":

...Mary was taken over 100 miles from home, to be lost and forgotten in one of Saskatchewan's two large mental hospitals which were overcrowded, inadequately staffed and poorly equipped. When Mary left her friends, relatives and family doctor for the last time, she also left her sense of belonging, her feeling of self, the encouragement she needed to recover. When she arrived at the large multiple-

storeyed brick building, she was terrified for she had never seen anything like it before...

"Here" were the long corridors, common to all such hospitals, which increased Mary's perceptual difficulties. "Here" elderly psychotics had a tendency to wander, become bewildered and often get lost. There was no privacy, no warm personal contact with another human being, no demands on dignity and self-respect. "Here", in a large group of sick people, in an enormous building, Mary involuntarily, imperceptibly adjusted to the hospital's abnormal culture, and as the gap between her former home life and her hospital life increased, she moved further and further away from hope for recovery. And so she became one of Saskatchewan's thousands of chronically ill, trapped in the prison-like concentration places which we erected for our most helpless citizens, and which add as much as 20 years to the patients' incarceration. Mrs. Kahan knew that much of this suffering could be alleviated if it weren't for the resistance of the psychiatric establishment. This angered her, and in her writings she vigorously attacks psychiatric dogmatism and arrogance. In the introduction to **Inside Schizophrenia**, she says:

Over the years many people, professionals and lay people alike, have been baffled by the apparent inability of the majority of professionals to understand schizophrenic patients as sick people suffering from real illnesses with real and terrifying symptoms. This indifference to serious illnesses can only be attributed to a blind devotion to entrenched and unfounded theories which have solidified into a religion....In this religion, there are no illnesses but only a way of life or form of behavior; there is no need to diagnose, but there is a great need to treat the personality, or the "whole person," or family or society. It is believed that aberrant behavior can be willed upon the victim by vicious or weak families, and treatments which are not effective are the treatments of choice. Statistics are ignored; patients who

provide testimonials of having recovered on certain treatments are not believed; and any attempt to restore psychiatry to a logical, rational and humane condition is violently opposed. But Mrs. Kahan's battle on behalf of the mentally ill wasn't always fought with heavy artillery. She was capable of great humor in her writings, and delighted in poking fun at psychiatric shibboleths. Nowhere is this better demonstrated than in her popular "Tired Volunteer" column in the CSF/Huxley Newsletter. In the April 1973 column, Mrs. Kahan takes apart the claim that megavitamin therapy works only because its practitioners are enthusiastic:

...Enthusiasm is said to be vital to getting schizophrenics well with megavitamin therapy. Dr. Heinz Lehmann says so. The Canadian Mental Health Association says so. Others have said so. If that is the case, all that's wrong with non-megavitamin therapists is their lack of enthusiasm. Enthusiasm should be a required course [in medical school], and future therapists should be forced to practice it at least 10 times a day, first thing in the morning when they get up, during coffee breaks, at lunchtime, and off and on throughout the rest of the day.

It may be a little hard at first, because it is difficult to be enthusiastic about something that does not produce visible results, but students should be encouraged to continue until by sheer force of habit they are bouncing with enthusiasm from morning until night. This ought to do the trick and soon we will have psychiatric patients bouncing off the assembly line, hale and hearty, without having popped one vitamin pill into their mouths. Dr. Humphry Osmond, who worked with Mrs. Kahan on many projects, said this of her in a recent telephone conversation:

Fannie Kahan, Abram Hoffer and I worked together for many years. Now Abram has lost a dear sister and I an old and greatly valued friend....We have not only been deprived of her company but

PORTRAIT OF A PIONEER

of her work. Over the years she has played a great part in the Orthomolecular movement, not only in building the CSF with her husband Irwin Kahan, but as Editor of this Journal which we thought at one time would not survive and now due to Fannie's long standing efforts is a flourishing concern. It in itself is a monument to her because without her it would never have survived. I am sure that readers of the Journal will be glad to become aware of their indebtedness to Fannie because with her natural modesty they probably don't know how much she contributed to the survival and success of the Journal. She will be missed by all of us and certainly by all those involved in Orthomolecular psychiatry. It is fitting to end this article with a quote from Mr. Kahan:

She cared for people, and wanted desperately to help as many as possible. She was a true soldier, fighting passionately against disease which she hated intensely. She was very impatient, and wanted to get things done so that more and more people could be helped.