

# In Memoriam



This issue of the Journal of Orthomolecular Medicine is dedicated to

**Donald C. (Ben) Webster**

April 8, 1930 – December 13, 1997

One evening about 40 years ago I received a call from the airport in Saskatoon from Mr. Donald Webster. He introduced himself, said that he had a few hours between flights and wanted to talk to me about LSD. As director of psychiatric research in Saskatchewan, I was keenly interested in exploring the inner world of schizophrenia and in treating as many alcoholics as possible with LSD, using it as a psychedelic agent. Mr. Webster told me he had experienced the effect of LSD while on the west coast of North America and he wanted to talk to me about the work we were doing. In the telephone conversation I found him so interesting I offered to drive to the airport to meet with him but he would not hear of that. He jumped into a taxi and came to our house on University Drive in Saskatoon. By the end of our conversation Ben, as he was called by everyone, and I were close friends.

In 1967 I resigned from my two jobs, Director of Research and Professor of Psychiatry, and started my private practice in Saskatoon. I had been Chairman of the Sci-

entific Planning Committee of the Canadian Mental Health Association (CMHA), Saskatchewan Division, for many years, but when the noise increased from Toronto psychiatrists over our claims that vitamin B<sub>3</sub> could treat schizophrenic patients more effectively, I parted. With Dr. Humphrey Osmond I decided we needed an organization to fight for schizophrenic patients. They had been given good support in Saskatchewan when the CMHA first started but the support waned because of the opposition of the psychiatrists from CMHA, Canada, who were advising them. We needed our own organization, one that would not be afraid to stand up against the psychiatric establishment and against governments. We organized the Saskatchewan Schizophrenia Foundation and one year later decided to make it a national organization. We applied to Ottawa for registration but we were blocked by the CMHA who maintained we were not needed, that they were doing a competent job of representing these unfortunate patients. I asked

Ben Webster to help, to use his influence. This he did and we were promptly registered as the Canadian Schizophrenia Foundation (CSF), a non-profit, charitable organization, in 1968.

Dr. Osmond and I had also organized the American Schizophrenia Association (ASA) which later became the Huxley Institute for Biosocial Research. With the approval of the Huxley family, Laura, Sir Julian and Aldous's son, Matthew, we used their name. In 1967 the first supporter of the ASA, and the Chairman of our Board, resigned, taking with him the \$25,000 he had given us to get started. We were left with \$5,000 in our treasury and with a lot of determination.

By then Dr. Osmond and I had accumulated a large list of people from all over who had written to us. We sent each one an appeal letter and received over \$70,000 within a few weeks, a most remarkable demonstration of the need for this type of organization. Nevertheless I was uncertain we could survive so I asked Ben to come onto our board as treasurer. To my great relief he agreed. He also joined the board of the CSF. Over the years we had many meetings and together we faced the same difficulties. Eventually Ben became Chairman of the Board for both the Huxley Institute and the CSF. About 12 years ago Ben and I resigned from Huxley in order to place our major effort with the CSF.

Ben played an active role in the CSF, attending and chairing most meetings before he became so seriously ill, providing useful help and council. During our Toronto *Nutritional Medicine Today* conferences we looked forward to the informal and interesting get togethers at his home for members of the board, their spouses and the guest speakers at that meeting.

The CSF operated initially out of Regina, Saskatchewan. When the Director, Irwin Kahan, retired in 1986, we invited Steven Carter to take on the position. He moved the headquarters to Vancouver and,

in 1992, to Toronto. With a closer proximity to Ben, the CSF grew very quickly.

As one of the most important supporters of CSF, Ben was also a major supporter of orthomolecular medicine, the new paradigm in medicine. He will be remembered by his friends for his generosity, his curiosity and his interest and accomplishments in many areas, as was well evidenced by the immense crowd who attended his funeral in Toronto. But he will eventually be remembered world-wide for his massive contribution to move medicine into the 21st century, through the orthomolecular paradigm in which nutrients, especially vitamins and minerals, are used in optimum doses according to individual requirements. Orthomolecular medicine has opened a new vista and enormously increased the number of diseases that can be treated successfully.

The International Society for Orthomolecular Medicine has 15 affiliate country members and holds meetings world wide. In Brazil there are approximately 6,000 physicians practising in this way. The movement is developing rapidly in the USA, while more slowly in Canada. By his support of the CSF, Ben made possible the publication of this Journal, now in its 29th year, which has led the field in its reporting new ways of helping people get well. Our Journal was the first to introduce the new concepts of orthomolecular medicine, the first to highlight the importance of candida albicans infection and how to treat it, among the first to bring attention to the hazards of mercury in the dental silver amalgams, the first to publish the results of treating cancer and heart disease with orthomolecular methods.

Ben was struck by lymphoma, an often deadly disease. He fought it heroically, using every modern therapeutic approach that he thought might be helpful. But it could not be contained. Early in October 1997, I could not get in touch with Ben in Toronto, so I faxed him the message that my son Bill had died. The next day Ben called me from Europe. He told me that he

had just had a near death experience and after that experience he did not fear death. He assured me that Bill was in good hands, that there was no need to worry about him. This was comforting but, of course, grieving is not based only upon fear of what will happen to the one who has died. In death, Bill was strangely peaceful and at rest. Grieving is regretting a life which is struck down too soon, at the loss of someone you love, at the knowledge that you can never see them again except in your dreams or fantasies. Because Ben had recovered from that near death experience, he was optimistic that he would survive and beat the lymphoma. We spoke about the important role he had played in orthomolecular medicine and we both agreed that there was a lot more to be done. I decided after that conversation to write about Ben's significant contribution to modern medicine but had not yet done it when Ben died. I have no regret at what is happening to Ben now;

I do regret that he might have had so many more years to develop his interests and to spread the good work he was doing around the world; I regret that he is gone, that I can not see him any more.

But I am ever determined that what we started, Ben and many others, will not die and that we will forge ahead more quickly until we have achieved what has been my ambition for forty years, the final cure for all the schizophrenias. Without Ben we could never have come as close as we are to this goal today. As a result of the work of the CSF and of the Huxley Institute for Biosocial Research, both given massive support by Ben, the basic information is available. We now need more demonstration projects to convince a very cynical and skeptical psychiatric profession that orthomolecular treatment offers much more than does the use of tranquilizers alone.

Abram Hoffer, M.D. Ph.D.