

Is There a Conspiracy?¹

A. Hoffer, M.D., Ph.D.²

I have just read P.J. Lisa's book, *Are You A Target For Elimination*, (1984). Here the author presents the argument that there is a conspiracy led and directed by the American Medical Association against the holistic healing arts, but particularly against the practice of chiropractic. There is no doubt the medical profession has been consistently and violently opposed to chiropractic, but they probably would term their efforts a war against a practice they don't understand or believe in. I think the AMA would not agree it is a conspiracy since conspiracies are illegal. I use the term "believe in" to highlight the fact their "belief" is not based upon a body of scientific data, so it is not a scientific conclusion. Everyone is entitled to their "beliefs," but should not give credit to these beliefs by labelling them scientific. Readers of Lisa's book can weigh his arguments for themselves. The Federal Trade Commission (U.S.A.) ruled AMA's activity to eliminate chiropractic in New York illegal, and the New York State Attorney General's office brought a \$13 million suit for criminal conspiracy against them.

A conspiracy may be directed by one person, or by a group of people, in order to achieve their objectives, or it may consist of an amorphous group of individuals who are united by a common objective. This may be to protect a set of establishment principles or beliefs, i.e. there is no wish to personally harm people with different views, merely to prevent them from following their anti-establishment ideas. If in the process they are harmed, that is unfortunate but unavoidable. If, therefore, a doctor loses his license and his practice and his livelihood because he has

given intravenous vitamin C, this is the price he must pay for being different.

If there is a conspiracy against chiropractic practitioners, is there also one against Orthomolecular physicians? The issue here is not as clear since here we have one set of medical practitioners waging war against another smaller set of medical practitioners. The establishment may even be more determined to root out these heretics because they and their principles have been betrayed by colleagues who had been trained and molded by the same factors. More passion is generated by turncoats than by people who never shared the same set of values and beliefs. I do not know whether the actions of the medical establishment, the psychiatric branch, constitute a conspiracy. To examine this question I will review Lisa's book, describe the elements of a conspiracy as he sees it, and examine the activity of the psychiatric establishment. If there is a close parallel between the activity of psychiatry in suppressing Orthomolecular psychiatry and the activity of the American Medical Association in trying to destroy chiropractic, we can conclude that there was, and is, such a conspiracy. I will leave it to each reader to come to his/her conclusion.

ELEMENTS OF A CONSPIRACY

(a) The Committee

The AMA Board of Trustees created a Committee on Quackery during November 1963. The committee disbanded a few years ago. According to Lisa, this committee led and promoted the war against chiropractic practitioners.

The American Psychiatric Association also created a committee but it was shortlived and produced one report on Megavitamins and Orthomolecular Therapy in Psychiatry. This report has been analyzed by Hoffer and Osmond (1976). It has had an enduring effect in suppressing Orthomolecular therapy and is

1. Based on: *Are You A Target for Elimination?* by P.J. Lisa. International Institute of Natural Health Sciences, Inc. P.O. Box 5550, Huntington Beach, CA 92646. 94 pages. \$3.95 U.S.

2. 3A-2727 Quadra Street, Victoria, B.C.

used by establishment-types who do not want to become interested and who require a handy source of information (misinformation) with which to bolster their position without the need to do any personal study of the issues.

Had the APA maintained this group as a permanent committee, there is no doubt it would have functioned as did the AMA group, since its orientation and philosophy was the same. There is one major difference. The AMA group sought to suppress chiropractic, a rival health-providing group. The APA committee sought to root out heresy from fellow physicians. The composition and mode of operation of the APA task force has been described and severely criticized (Hoffer and Osmond, 1976), but so far no one from the APA has felt the need to rebut our examination of this committee and how it did its work.

(b) Battle Plan

Any war must be planned before it can be properly executed. The AMA committee provided the staffing and continuous planning using the most modern techniques of communications to destroy the enemy. The APA committee followed a similar procedure. The main elements of the plan by the AMA included:

1. *Indoctrination of its own members.* All MDs were to be educated about the facts of chiropractic theory and practice. This was done by placing special articles in medical journals by "experts" and by books especially written to destroy quackery. The term "quack" was given a very broad, elastic definition to include whomever one did not approve of. The dictionary definition of a quack is a non physician who professes to be a physician. The term can therefore be applied to physicians only if they lose their license to practice and continue to do so. The AMA's definition of quack included physicians who merely disagreed with federal RDA estimates.

Fact sheets were distributed by the committee. This made it simpler to plant the same information in a wide variety of journals, presumably written by different authors but all crafted by the same hand. Lectures were provided

by selected individuals to educate medical schools and hospital staff. The same information was provided to other physician-run organizations and to non physician friendly groups.

The psychiatric establishment used almost identical techniques, cooperating with the Lehigh Valley Committee on Fraud and Quackery. I have seen special articles on megavitamin therapy written by "experts" who have never treated a single patient with any nutritional technique. They are hearsay experts who have heard only from the APA task force report and from a handful of vocal critics who have spent many years trying to destroy those who use nutrition in their practise if it includes vitamins in above RDA dosages. In one year three brief critiques of vitamin therapy appeared. They were written as an expose of the harmfulness of vitamins by listing a number of toxicities which have never occurred, such as Vitamin C causing kidney stones and destroying Vitamin B-12 (hinting that this will cause pernicious anemia). I also saw the "fact" sheet used by each of the three authors from different medical centers; they were almost identical. Recently a fourth report appeared written by an associate of the chairman of the APA Task Force. Again it contained the same misinformation. The author had apparently been on the mailing list for the fact sheet.

But this is not all. Loma Linda Medical School ran a session on nutrition at Simon Fraser University in Vancouver, British Columbia, several years ago. One of their professors of nutrition read a paper which, as titled, offered to discuss megavitamin therapy. It did not. It was an enlarged version of the fact sheet containing the same misinformation. I challenged him to quote me one reference or study which claimed even one case of kidney stones or pernicious anemia had been caused by Vitamin C. He remained obstinately mute. But there is no centrally coordinated continuing program. It runs on its own momentum generated by the report and the general rejection of the validity of Orthomolecular therapy, even though it has never examined it seriously and competently.

2. *Suppression of information.* Positive information about chiropractic was suppressed by refusal of medical journals to carry these reports. When other reports concluded there was some merit in chiropractic, these reports were distorted and neutralized. This is still happening to information about Orthomolecular therapy. The *Journal of the American Medical Association* has quickly published reports about some hypothesized dangers of vitamins, presumably for the public good, even when these dangers are manufactured. But it has steadfastly refused to publish letters or articles which pointed out the errors in these reports. This is how the false idea arose that Vitamin C would destroy Vitamin B-12 *in vivo*.

Even the *New England Journal of Medicine* has refused to publish Linus Pauling's critique of the report by Moertel et al. on cancer. Nor will that editor reply to Linus Pauling's letters. The *New England Journal of Medicine* is a proud, good, establishment, peer reviewed publication. Peer review certainly did not prevent Moertel's paper from being published. Perhaps because it was not reviewed by peers. Peers of Orthomolecular studies ought to be, in the real sense, peers, that is they should know a good deal about it. Any Orthomolecular physician could have spotted MoertePs error when he claimed he had duplicated (replicated, accurately repeated) Cameron's and Pauling's Vale of Leven studies, when in fact there were major and serious differences.

The APA similarly refuses to publish reports by Orthomolecular therapists, with one major exception. I was assured by a member of the *American Journal of Psychiatry* editorial committee, the former chairman of the APA Task Force committee that he would never permit the *American Journal of Psychiatry* to publish anything I wrote. I had been a Fellow of the APA until I resigned in disgust.

Other friendly associations try to suppress information as well. The Dairy Council of Chicago has published a list of books which they recommend must *not* be read. This list has been circulated to hospital dietary departments. It includes

books by Roger Williams. When I saw the list I felt rejected as my books had not made the list. Dietary associations have also been a party to this type of activity. Over ten years ago, at the annual meeting of the Saskatchewan College of Physicians and Surgeons, the University of Saskatchewan Nutrition Department had an exhibit. It consisted of a table with two lists of books. The Orthomolecular books were all listed on the "Do Not Read" side. When I protested vigorously, the professor of nutrition, a biochemist, felt they had done no wrong.

Friendly organizations are enlisted as well, or else they wish to cooperate as they feel threatened. In the United States, several states were petitioned by their residents to liberalize their medical health divisions by introducing Orthomolecular therapy. The best example was Connecticut. The battle against these petitioners was waged by the medical association, the psychiatric association, the dietary association and by the state department of mental health. They used a common fact sheet full of misinformation and lies. The director of mental health, in my presence, told the governor's representative that NIMH had spent \$40 million researching megavitamin therapy when in fact they had funded only one small study in New Jersey. He did not inform the governor that this New Jersey study's final report was favorable to megavitamin therapy.

In Alabama, before megavitamin therapy could be introduced into Bryce Hospital, the matter had to be presented by Judge Johnson, a federal judge. There were a few briefs against, one by the Alabama Psychological Association. I was totally surprised by another objecting brief submitted by the Civil Liberties Union.

3. *Clandestine activity.* The AMA committee sponsored clandestine or undercover work in their battle. I have no information that psychiatry did the same; probably because there was no need. Orthomolecular therapy has been treated with disdain by an association too concerned about other matters.

4. *Misinformation.* The AMA committee used propaganda, manufactured evidence. As I have indicated, so has the psychiatric

establishment. In law there is a principle known as the "Fruits of the Poisonous Tree Doctrine." If a fruit tree's roots are bathed in poison, it is likely so is the fruit. In legal terms, evidence gathered illegally is tainted and must not be used. I can not say that the APA Task Force gathered evidence illegally. In fact they did not gather any evidence. More accurately, what they did gather was anecdotal material from critics of Orthomolecular therapy, none of whom had conducted replicative studies. They did not get any data from Orthomolecular practitioners. They did refer to many of the Orthomolecular reports that had been published, ignoring about half of them. They did encourage a group to quickly submit an abstract of a study which was never published anywhere else. They did not miss a single negative study out of the handful available. Their evidence was not obtained by illegal means, but was certainly tainted by their belief that Orthomolecular therapy was of no value whatever.

5. *Background noise.* The fundamental principle of the APA report was to use every journalistic trick to downgrade the treatment while treating any critical report with the utmost gravity. In addition, the background noise was increased, I suppose, in order to create confusion and to tire the reader. This was done by referring to material totally irrelevant to the debate such as the validity of the HOD test (Hoffer, Kelm and Osmond 1975). This test is a valuable clinical test but is no more relevant to Orthomolecular medicine than any other test. One can practice without it even though, in my opinion, diagnosis is facilitated if it is used.

6. *Distortion of evidence.* The committee also selected evidence unfavorable while ignoring evidence favorable when presented by the same investigator (Hoffer, 1974). The New Jersey study was reported in two papers (Wittenborn 1973, 1974). In the first report there was no significant difference between treated and untreated groups. This report was treated respectfully. In the second report the chief investigator separated the total group into two groups, one consisting of more chronic patients. He provided a carefully-

reasoned selection procedure to prevent bias. It was double blind. Of the smaller, less sick group, 70 percent were improved. This confirmed our earlier reports. Since chronic patients do not respond to Vitamin B-3 alone, (O'Reilly, 1955) we were not surprised. Wittenborn's chronic group were unresponsive. O'Reilly was my colleague and we worked on this study together. With such a large proportion of chronic, unresponsive patients in the group, it is not surprising the therapeutic response of the smaller group could not be teased out of the data until the two groups were isolated. In fact Wittenborn confirmed all our claims, i.e., that Vitamin B-3 benefited acute patients and did not benefit chronic patients when used as the only nutrient component. The committee made light of Wittenborn's second report. 7. *Bad faith.* Lisa discussed what he considers a Bad Faith Policy or Breach of Faith on the part of the AMA. Good faith means being faithful to one's duty or obligation. Bad faith means being "recreant to or an absence of honesty in fact in the conduct or transaction concerned."

I do not think the APA committee acted in bad faith as far as I was concerned. I had no faith this committee would act in good faith as its chairman had previously declared his opposition to megavitamin therapy several years before he was appointed. When I discovered he was the chairman I wrote to the President of the APA. My letter and his reply follow.

June 8, 1971

Dr. R. S. Garber, President American Psychiatric Association Carrier Clinic Belle Mead, New Jersey 08502

Dear Bob:

Some time ago I wrote a letter to Dr. Morris Lipton, the Chairman of a special committee to investigate the megavitamin claims, and I sent a copy to your office. So far I have not received any reply from Dr. Lipton who seems to be a man who refuses to answer his mail.

I now write to you directly to protest his appointment as Chairman of a committee to

investigate the megavitamin claims since he has already expressed himself publicly over the past year as being very much against the position of those of us who are using these treatments. I do not see how any Commission with such a Chairman at its head can possibly come up with a neutral and objective assessment.

For this reason, I therefore request you as President of the American Psychiatric Association to take action in connection with my request.

You realize, of course, that if you do not do so any report that comes out from this Committee will obviously be very biased and I, of course, will make it widely known that this is the case.

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

Dear Doctor Hoffer:

Several weeks ago I received your letter from Dr. Garber. In your letter of June 8, you expressed some concern regarding the APA Task Force on Vitamin Therapy and the Chairman, who is Dr. Morris Lipton. The Task Force members are Dr. Morris A. Lipton, Chairman; and Drs. Thomas Ban, Francis Kane, Jerome Levine, Loren Mosher, and Richard Wittenborn (consultant). The Task Force is responsible to the Council on Research and Development. The Council is presently composed of Dr. Sidney Malitz, Chairman; Drs. Monroe, Blueck, Hamburg, Schwab, and Shervington. Any reports that the Task Force prepares are first submitted to the Council for review. If the Council approves, the report is considered by the Reference Committee and finally by the Board of Trustees. I believe it is obvious that a very excellent review mechanism exists and that the Task Force, as well as the Council, is composed of highly qualified psychiatrists who are thoroughly familiar with the scientific method and are capable of evaluating published literature.

I hope this information is of value to you.

Sincerely yours, Ewald B. Busse, M.D.
President

c.c. Drs. Garber and Barton

On the basis of his reply I assumed the Committee would be instructed to act in good faith and the APA committee would ensure this would be so. In my opinion this committee did *not* act in good faith to the APA. This is a large prestigious psychiatric association of which I was pleased to be a Fellow at their invitation. It has a duty to represent its members. It has an even greater duty to represent psychiatric patients and to provide society with honest and correct information — this it did not do. 8. *Covert operations.* There were undoubtedly covert operations to prevent research into Orthomolecular therapy. I have a few examples. In one case, a prominent director of research applied for a grant to study the metabolism of adrenochrome. He was visited by an on-site investigator who advised him they would very much like to give him the grant but could not do so if he wished to study adrenochrome*. The researcher expressed himself violently to the investigator and he did receive his grant. A second example arose from the New Jersey study. NIMH approached a psychiatrist in the midwest to determine whether he would direct a controlled study. He said he would if I could be a consultant. He was thereafter ignored and the study was done in New Jersey. The third example may not be an example, but does puzzle me. Napa State Hospital in California was selected to complete an Orthomolecular study for the state legislature. There were two questions to be studied: (1) did the use of vitamins increase the costs of medication per patient) (2) was the use of vitamins acceptable to patients? The opponents of this treatment, including the California Psychiatric Association and the California Medical Association, had declared that amongst other things, all negative, it would increase costs and would not be acceptable. The conclusions from the study were that costs were not increased and that treatment was acceptable.

A few years later I was able to obtain a copy of a comprehensive report which described this study, but it had an addition

* Adrenochrome was a substance we suggested played a role in schizophrenia.

conclusion — it concluded the use of vitamins was also efficacious. I was advised by the investigator that no official report would be released, nor would there be any publication. I can only conjecture that this report was suppressed for non scientific reasons. California was very hostile to Orthomolecular therapy. Several years before I had given a series of lectures to a California mental hospital near San Francisco. The Director of Research was cool, precise, impersonal, and showed little interest. I needed a ride back to San Francisco. He offered to take me along as he was driving in. In the car he became warmer and eventually told me that he would like to start a vitamin trial but could not for two reasons: (1) he would lose his job, (2) he would lose forever any chance for academic advancement.

My final example arises from my association with Mr. Joe De Silva, leader of a large union in Los Angeles. Mr. De Silva had become very interested in vitamin treatment after seeing a friend recover. This friend had failed to respond to psychotherapy or drugs. She had been treated by a psychoanalyst who directed a psychiatric clinic. This made treatment available free to members of that union. Costs were born by a negotiated contract between union and employers. Patients paid by a small deduction from their pay. This was, as far as I can tell, the first labor union to negotiate such a contract. This made Mr. De Silva very popular with the APA who looked upon this as a valuable example to American labor.

Mr. De Silva's interest in megavitamins surprised and annoyed the APA and they began to apply pressure on him to drop this pernicious new doctrine. Mr. De Silva, with my cooperation and the cooperation of the American Schizophrenia Association's Los Angeles affiliate, planned a large meeting which was to provide a forum for proponents of Orthomolecular therapy. The APA suggested to Mr. De Silva that in order to provide a balance of views they would suggest a speaker for our program. We agreed to it. This person later became chairman of the APA Task Force report. At this meeting he had been allotted one hour. Just before his turn he approached the

chairman of the meeting and demanded 90 minutes. He felt he could not properly defend the establishment in less time. His demand was rejected. He thereupon launched a violent attack on the theory and practice of Orthomolecular psychiatry. To establish his expertise in this field he reported he had been a graduate student at Iowa in the same department where Prof. Elvehjem had demonstrated that niacin had cured black tongue (pellagra) in dogs and that niacin and Vitamin B-3 were the same. The speaker had no personal experience in treating patients and no negative papers had yet been published. Later Mr. De Silva sent me an unpublished manuscript prepared by this person before he became chairman of his Task Force committee. It was a crude version of what finally appeared as the official report. Obviously he knew what the Task Force should conclude before it was constituted. I have no idea how often the committee met, but it was obviously a charade with its conclusions predetermined by one person. A second member of the committee was his junior associate in his psychiatric department of his medical school. Neither had any personal experience with any phase of Orthomolecular therapy. The chairman told me he did not treat schizophrenic patients.

9. *Invisible enemies.* Another activity associated with a conspiracy is to use invisible enemies (Lisa, 1984). This too has occurred in our field. Many years ago when I was organizing the Saskatchewan Schizophrenia Foundation, I sent out a form letter to Saskatchewan physicians advising them of the formation of S.S.F. and asking for a donation. Several doctors did donate. Shortly after that I received a message from the Saskatchewan College of Physicians and Surgeons telling me a complaint had been registered against me by a physician from Yorkton, Saskatchewan, that I had been advertising. In those days, advertising was almost as evil as seducing one's patient. I had to appear before a committee but received only a mild cautionary reprimand. Luckily, one of the members of this committee was an associate of mine. He gave patients anesthesia while I gave them ECT.

A second example occurred later when a former colleague and fellow professor became professor at another university. He took umbrage at a form letter I sent to thousands of persons in North America and elsewhere who had requested information about vitamins and asking for names of physicians whom they might consult. This followed a story in The New York Times, on the front page of the second section, on our work. He accused me of practicing medicine by mail. The APA committee received a copy of my personal letter to people who had written to me and falsely stated I had released a "broadside."

Another fellow professor from another university registered two complaints against me but he had not expected to be identified. He reported to the Department of Health and Welfare, Ottawa, that I was supplying LSD to the underground hippy movement. This placed the investigator in a very embarrassing situation for I was treating his young daughter for a learning disability. After this investigation he reported to his supervisors that the information was false and the informant never to be trusted. That same professor, probably writing under the same paranoid state, wrote to the Dean of Medicine ordering him to fire me. He received a curt, stiff reply.

About the same time, unknown California psychiatrists complained to the APA that I was promoting a treatment which was unproved and unacceptable; this of course can be said of most first therapeutic reports. They were incensed by a report I had published called "Five California Schizophrenics." Here I described five patients who recovered or were very much improved on vitamin therapy after having previously failed to respond to standard treatment, (Hoffer, 1967). This is the only example I know of, of an attempt at retrospective censorship. I guess they wanted to expurgate my paper from the literature. Out of courtesy to me as a Canadian and a Fellow APA, they gave me a mild written admonition to cease and desist. Since this reprimand came from the council of the APA they had bypassed the Committee on Ethics, which was

against APA by-laws. To their surprise, I think, I demanded they allow me to appear before their Committee of Ethics and in preparation for this demanded to know who charged me and what was the nature of the complaint. They reluctantly advised me the complaint was about my paper published several years before, but they would not give me the names of the California psychiatrists who had initiated the action.

Eventually, Dr. Osmond and I appeared before this committee in Washington, D.C., in the APA headquarters. Their librarian was delighted to see us, was very friendly and interested. The committee was totally devoid of any knowledge of our work or of vitamins. They showed no evidence they had prepared themselves. After registering our complaint that the Committee on Ethics was not the proper forum to consider a scientific matter, Dr. Osmond and I responded to their questions and outlined our work. By noon the chairman announced they would take a ten-minute conference among themselves and would report back to us. Ten minutes later they reported they needed another two hours. Two hours later they reported they would let us know in a few days. I am still waiting, over twelve years later. At no time was there an apology or expression of regret that we had been inconvenienced, that we had to travel to Washington to enter into a heated but senseless debate with our peers, who were not our peers at all as they knew nothing about the subject. They concluded there had been no breach of ethics (for we heard no more), but probably assumed that an official announcement or even a private letter to us would be equivalent to endorsing our views. We can assume we would have heard had there been any basis for the false accusations made by a few unnamed California psychiatrists miffed by a clinical report in a journal. Have other Orthomolecular psychiatrists been similarly treated? Probably.

10. *Erasure from medical register.* The easiest way to destroy a medical heresy is to destroy the heretic, which means he is deprived of the means to make a living as a physician. This can be done only by licensing

boards which are either state controlled or under control of the medical societies as is the case in Canada. But there is a close tie since even on state licensing boards the members are doctors, themselves members of medical associations.

Usually these bodies initiate enquiries after they receive a complaint. There is no dearth of complainers, usually invisible and unnamed. They include other physicians who resent having lost their patients to the newer treatment, or who feel keenly they must protect the orthodoxy from these heretical and even dangerous views. These attacks have, to my personal knowledge, taken place in Quebec, Ontario, Manitoba, Saskatchewan, Alberta and British Columbia, and many Orthomolecular practitioners have lost their licenses. Often the medical college will vigorously deny they are attacking vitamins, but they adopt a set of standards which would probably fail a substantial number of their membership. One of the ways was for the college to send a team of investigative physicians to the doctors' office to demand free access to all their files. Doctors' offices contain many thousands of files. A random search of files from any physician's office will undoubtedly reveal a number which are defective — notes which may not have been made, the writing may be illegible, lab slips may be missing, medication may fail to be recorded. I doubt any but the most perfect doctor would have every file perfect. If, therefore, the committee wishes to find evidence of sloppy work, they will do so. In one case they pulled out thirteen files, but as soon as a competent lawyer was retained they dropped five. This is no longer possible in Canada since our new Constitution and Bill of Rights was adopted. Fishing expeditions are illegal if one wishes to fish in the files of doctors' offices in Canada. Perhaps this will liberate doctors from the constraints of a conservative orthodoxy interested only in theory and practice but never in the outcome of that practice. Orthomolecular therapists know full well the meaning of Harry Truman's admonition, "If you can't stand the heat, get out of the kitchen."

IS THERE A CONSPIRACY?

There is no conspiracy led and directed by a single person or by a single organization. There is no Mafia in psychiatry. However, there is a conspiracy led and directed by a large number of professionals and their associations who have a common aim to protect their hard-earned orthodoxy, no matter what the cost to their opponent colleagues or to their patients. They have forgotten or never did know that medicine today is based upon the slow, painful accretion of knowledge which once was the vilest of heresies, but is now the most rigid of orthodoxies.

This conspiracy will collapse when enough physicians find the wit to examine seriously why the orthodoxy must be supported in the face of growing evidence there is something more appropriate, more scientific and, most important of all, more effective. If they do not, society, which does not tolerate this restriction on research and development forever and is getting fed-up with the huge costs of medical care (10% of G.N.P. in the U.S.), will introduce measures which will collapse the power of the medical institutions and their collaborators to intimidate, coerce and destroy their doctors who are seeking better and less harmful treatments.

Bibliography

- Hoffer J. The controversy over Orthomolecular therapy. *J Ortho Psychiat* 1974;3:167-185.
- Hoffer A, Osmond H. Megavitamin therapy. In reply to the American Psychiatric Association Task Force Report on megavitamin and Orthomolecular therapy in psychiatry. Canadian Schizophrenia Foundation, 1976.
- Hoffer A, Kelm H, Osmond H. The Hoffer-Osmond Diagnostic Test. RA Krieger Publishing Co. 1975. Huntington, NY.
- O'Reilly PO. Nicotinic acid therapy and the chronic schizophrenic. *Dis Nerv System* 1955;16:67-72.
- Wittenborn JR. A Search for responders to niacin supplementation. *Arch Gen Psychiatry* 1974;31:547-552.
- Wittenborn JR, Weber ESP, Brown M. Niacin in the long term treatment of schizophrenia. *Arch Gen Psychiat* 1973;28: 308-315.