

and insisted that students were entitled to representation on the Stanford Board of Trustees. "The university structure," he said, "has forgotten about education, and has shifted its emphasis away from concern with the students which should be the reason for its existence."

Students interviewed on the campus were not quite sure themselves how it was that Harris' campaign caught on, but *The Stanford Daily* concluded that the new president's candid and outspoken style was for many a welcome relief from the usual drivel of student politics. His candidacy became "a symbolic gesture, a protest." And there may be a larger significance in Harris' victory than he or the *Daily* suspect. When the New Left can win at affluent Stanford, there is life in the body politic. Politicians may be forced to take note of a new axiom: the more affluent the community, the better the chances of the rebel candidate.

The Consumer Wave

A few observers—notably the late Estes Kefauver—asserted that the consumer interest should, and some time would be, the wave of the future, but it never seemed to work that way. Apparently consumers were too large and inchoate a group to exert political influence. Nevertheless, John F. Kennedy broke precedent by being the first President in U. S. history to send to Congress a message entirely devoted to consumer problems and the consumer interest. Unfortunately he did not set up any operable machinery to carry out his good intentions. He did create, in June, 1962, a twelve-member Consumer Advisory Committee, for what little it was worth. In January, 1964, President Johnson appointed Mrs. Esther Peterson as Special Presidential Assistant for Consumer Affairs. Mrs. Peterson has done as good a job as could be expected, with no real power, and with consumer representatives scattered in some thirty-two

government agencies, with the consumer not knowing where or how to lodge a complaint. Yet now, after all these years of only slight progress, it looks as if the great mass of consumers may get some worth-while attention.

A combination of factors has improved the outlook:

(1) Rising prices and the danger of inflation.

(2) The imperatives of politics. Great Society programs require money, but the canny Lyndon B. Johnson can make a considerable stir about the woes of the consumer at little or no cost.

(3) Corporate irresponsibility has reached such a point that enlightened business leaders, and the industry press in some areas, have taken alarm. Ralph Nader, after many a lance had been broken on windmills, took on the auto industry and showed it was not invulnerable. The media which, out of consideration for auto advertisers, had long neglected safety in car design, suddenly took interest when they sensed the ground swell of public outrage. The drug industry, and many others, are equally open to correction.

(4) As we move into a synthetic environment with all sorts of complicated technological devices necessary for routine living, all of us need help as consumers. In the good old days (when children died of strep throats and heart attacks were thought to be "acute indigestion"), a buyer with some experience and good eyesight probably would not get stuck with a spavined horse; the auto buyer of today needs technical advice. In *The Intelligent Buyer's Guide to Sellers*, which will be published by Alfred A. Knopf in the fall, Dexter Masters tells the whole story.

What is necessary now is to prevent LBJ from skimming off the political cream without giving the consumer what he should have had long ago. The President should throw his weight behind the Truth in Lending and Truth in Packaging bills, and then create a formal setup that can effectively protect the consumer interest.

LSD: RESEARCH & JOY RIDE

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LSD 25, an indole derivative from ergot, was synthesized by Hoffman in 1938, but for a good many years little attention was paid to the drug. Then, within the past year or two, interest in this psychedelic or "mind manifesting" drug has soared among both professionals and the lay public. LSD has been widely publicized in nonmedical publications, a number of sociologic studies exist, and a journal has been founded to report experiences resulting from its use.

Three different approaches to LSD have been described and studied to date. The first is the experimental administration of the drug in controlled laboratory setting, a record being kept of subjective and/or objective effects. Initially the so-called "model psychoses" induced by LSD were com-

pared with schizophrenia and with delirium. However, this method of comparative study has proved to be somewhat disappointing.

The second aspect of study has been the psychotherapeutic use of LSD to increase awareness, lift repressions and facilitate insight during psychotherapy. LSD is also used for treatment of specific disorders such as alcoholism.

The third type of study, and the one which concerns us most, has to do with the psychiatric side effects that follow ingestion of LSD. Most of this study is concerned with self-administered doses of the drug. The side effects occur regardless of the sources of the drug and regardless of the setting in which it has been administered, but far more LSD is bought on the black market (it is either imported illegally from Mexico or produced locally by amateur chemists) than is given experimentally or psychotherapeutically. LSD obtained on the street often contains a number of impurities; sometimes other compounds (among them atropine) are sold allegedly as LSD. Black market doses, usually diluted

as they are passed on, contain an unknown number of micrograms of LSD.

Psychiatrists throughout the country have been observing increasing numbers of severe side effects from the drug over the past seven or eight months. (An excellent early personal account of a "bad trip" from LSD was "They Split My Personality" by Harry Asher, *Saturday Review*, June 1, 1963.) At the UCLA Medical Center, approximately one psychiatric disorder associated with LSD ingestion had been turning up every other month. However, beginning in September of 1965, the figure jumped to between five and fifteen cases a month. Other local facilities in the Los Angeles area have reported a similar increase. The new Federal Drug Abuse Control Amendments of 1965, which went into effect on February 1, have had no apparent effect in decreasing the number of LSD cases seen in our psychiatric emergency room. About one-third of the LSD cases at UCLA have required admission to the psychiatric hospital; approximately half of these to the ward on which the authors work.

In addition, we have conducted group therapy sessions once a week for several months among all the hospitalized LSD patients whose doctors would permit them to attend. The purpose was to learn what reactions these patients had experienced and to become acquainted with the patients themselves. The LSD users who come to the hospital are primarily young, single, Caucasian, male; few are religious. They live throughout the Los Angeles area, but particularly in the Hollywood section and the beach cities. Most of them are unemployed, but some are students. Many of our patients had used other drugs besides LSD, particularly marijuana; some had taken LSD as often as sixty times. These people came to the emergency room suffering from confusion, anxiety, depression, suspiciousness and hallucinations.

During this study we became curious about the overall LSD population. Were we seeing atypical reactions or were others reacting the same way to LSD but not being brought into the hospital? As word spread of our interest, informants began to appear at the hospital. They told us of other LSD users in the community and of their aberrant behavior. We heard about people wandering about in chronic states of confusion, and the psychiatrists on duty at the hospital received many phone calls about threatened or already attempted suicides and other disturbed behavior. Many of these people refused to come in to the hospital.

We then began to go out into the community and attended a number of LSD sessions held in private homes or "pads." We observed what we would consider obvious psychotic behavior: suspiciousness, grimacing, inappropriate affect, apparent hallucinations and motor restlessness. These affects seemed eventually to wear off and the patients we saw did not apparently harm themselves that day. We heard about others who had had unpleasant symptoms or utterly lost contact, and then recovered only to have these symptoms return weeks or months later without their having taken LSD again.

Besides these acute difficulties, there are other, more chronic problems. For one thing, LSD seems to affect a person's value system. We have found that in many instances formerly productive individuals have adopted the attitude that one should live merely for subjective experi-

ences, and not play the various "games"—like work—that society demands. We have met this attitude in musicians, lawyers, psychologists and doctors. Since many people who experience this change of attitude are never seen by psychiatrists, one can only speculate as to its frequency.

Another chronic difficulty is perceptual distortion. For example, a band leader phoned us because his players were producing such terrible music. Nor could he talk to them, for they were on LSD and utterly convinced that the band was playing the most beautiful music ever heard. A law student told us that LSD had given him such new insight and opened such horizons that he felt his legal studies



Drawing by LSD Patient
New Scientist

were dull and boring by comparison. He speculated at length about the advisability of giving the world's leaders LSD so that they would love and not hate. At last contact he had not decided whether to pursue his law studies or to continue with LSD full time. We have observed this degree of subjective distortion among many LSD users. A group of them whom we studied fairly intensively over several months were convinced that they could "pick up vibrations" from other people, that they could tell if someone else had used LSD by casual inspection, that they had a keen awareness of music and art. Nevertheless, objective tests showed that their ability to discriminate was below normal, and that their powers of observation had been actually decreased by LSD.

At various community dances which we attended, the young girls were in their "psychedelic slacks" and the teenage boys wore long hair and sunglasses. They moved beneath undulating lights in bright "psychedelic" colors. At such gatherings the drug seemed to replace personal contact and to substitute for the drives of sex and aggression. We watched seven or eight sailors dancing with one girl on

the floor. There was little male-female awareness or physical contact; each was in his own fantasy world.

The criteria for mental health, according to Freud, are the ability to work and to love, and LSD users seem to deteriorate in those very areas. We have already mentioned the numerous individuals we have studied who have either lost their jobs or lost the incentive to work after using LSD. The ability to love, that is to have psychic intimacy with another person, seems also to be decreased by LSD. In contradiction to the claim that the drug helps one to get closer to people, we note that users become more introspective and invested in themselves. The extreme results are autism and psychosis.

Advocates of LSD have maintained that proper screening techniques would enable one to predict individual reactions to LSD and to eliminate those who would have "bad trips." Our experience at UCLA indicates that such predictions are extremely unreliable. We know of patients who, though carefully screened for research purposes, suffered severe LSD reactions, with dramatic alterations of their value systems, resulting in a diminished level of functioning. On the other hand, we have come across members of the community whom we would have judged fairly unstable but who showed little or no change after using LSD.

The number of high school students and teen-agers who take the drug is increasing rapidly. Most adolescents are struggling with feelings of aggression and sexuality, along with their need to establish an identity. LSD can seem a "magic" solution to such problems. It offers a ready-made identity with fellow users and the introspective experience helps to deny the feelings of both aggression and sexuality. Their conversation becomes "acid head" talk. Bad "trips" are "freak." Every stranger is "the man" (police) and to talk to one would be to "cop-out" (squeal). Suspicion to the point of paranoia is common. The adolescent is frequently overwhelmed by the LSD experience, with the result that the search for identity becomes a florid psychotic nightmare. There is perhaps no period of life more loaded with conflict, and one might therefore expect that adolescents who took LSD would experience severe complications, in-

cluding panic states, prolonged psychosis and severe depressions.

Another disturbing aspect of LSD usage is the missionary zeal it seems to induce in many of its users. We have no doubt that the enthusiasm is sincere, since we have come upon cases of mothers who have given LSD to their children, brothers who have encouraged their sisters to take it, and many individuals who have selected their closest friends and used every means possible to convince them that they too should share in the world of psychedelia. In several instances, individuals have devoted a great deal of their energies to buying LSD and passing it out free among the population in an attempt to "save the world."

The right environment for taking LSD (often alluded to by acid heads as necessary for a good trip) means having a "sitter" to guide you through the LSD state. However, neither a favorable environment nor a guide guarantees a pleasant or meaningful experience. If the trip goes bad, and LSD users are brought to a medical facility in the acute phase, tranquilizers and barbiturates will help most of them, but not all. Many of our hospitalized patients have remained in the hospital for more than a month.

Until more is known about LSD and its short- and long-term effects, it must be considered a very dangerous drug. Unfortunately, the ready market for and easy manufacture of the drug have resulted in an almost unlimited black market supply, and the buyers are often the very people who have the most to lose from its use. We certainly hope that LSD research will be continued, but we appeal to those who loudly proclaim that "everyone" should take LSD to remember the highly subjective response to the drug. We have known the most ardent enthusiasts to become the most eloquent opponents—often after just one bad experience.

The controversy continues to rage, some investigators maintaining that side effects are frequent, others stating that the potential gains far outweigh possible side effects. We are worried by what we have seen. California and other states are now considering legislation to supplement existing federal legislation; Sandoz Laboratories, the principal legitimate source, has discontinued manufacture. The future of LSD remains controversial and uncertain.

WHY FIGHT?

The Ruble-Dollar Road to Peace

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In the 1950s and 1960s the greatest threat to world peace has been the possibility of a nuclear conflict between the United States and the USSR. In both countries, fear of nuclear attack has been demonstrated in the campaigns for bomb shelters, and in the amount of time and money invested in warning systems and anti-missile missiles. Yet the

install American machinery in Soviet food plants; he was there again in 1963 to revisit a factory in Krimskaya and to discuss economic trends with industrial leaders and economists in Moscow. He is the author of The Abundant Peace (World).

economies of both countries reach new heights year after year, with continuously better resources of trained and educated workers and improved machines, and with continuously higher levels of production.

There are no valid reasons why the United States and the Soviet Union should threaten each other with economic