current obsessional thinking of the North American psychiatric establishment which has led to a remarkable series of follies of which family therapy is a recent example.

Laing uses the models popularly known to scientists of the mid 19th century but which have been improved within our lifetime. Thus, he uses the term “organic basis” as it was used then. An organic lesion is usually a tumor, a break in the circulation, or something like that, and in this sense there is little evidence that schizophrenia is an organic disease. But there are a large number of molecular diseases where there are no “organic” lesions. No changes are seen in the microscope or on gross examination of the body’s organs. The current model of molecular diseases cannot properly be lumped with organic models of illness unless one takes advantage of the wonderful flexibility of the English language and uses the word “organic” in the sense chemists use it when they discuss organic chemicals, i.e. chemicals containing bound carbon.

In any event, Laing seems remarkably naive and ignorant of molecular and genetic advances of the past two decades. Recently in Oslo, Norway, at a meeting on the molecular basis of some mental diseases (schizophrenia, primarily) sponsored by NATO, there was a remarkable consensus that the molecular basis of schizophrenia was firmly established. The specific details of the biochemical pathology still must be spelled out but no scientist prepared to listen to evidence can continue to insist schizophrenia is not a molecular disease. This is not incompatible with our view: it is also psychological, sociological and even theological. For like the psychedelic reaction the molecular abnormality in schizophrenia merely sets off the train of events which are perceived and reacted to by a person in terms of his own life’s programming. This concept cannot be strange to readers of this Review, who have themselves seen their own inner and outer world altered by a reaction triggered by a chemical. The same factors which lead to a psychotomimetic reaction in normal people probably lead to the psychosis features of schizophrenia, while the same variables which direct the psychedelic reaction may occasionally lead to the psychedelic reactions which were the basis of Christianity, of Alcoholics Anonymous, of Synanon, and of Schizophrenics Anonymous.

Society will not permit Laing to act the way he writes. For if the schizophrenic is not sick, he is indeed mad, and madness may take only two forms, (a) the madness of the devil and (b) the madness of the saint. The devils in our society are barely tolerated most of the time. Even our saints are often difficult to live with. If schizophrenia is madness, then Laing is incompetent to deal with it for he is not qualified by experience and training to deal with madness. Neither, as a psychiatrist, am I. If schizophrenia is madness, society will deal with it as it did during the days of the Inquisition when devils were driven from the mad in order to save their souls by methods which were generally approved of for many years. If schizophrenia is madness, society must give up his medical degree since they are no longer of any value to him, and society has given him no special right (or responsibility) for dealing with madness and it had better be left with councillors of the mad, ministers, rabbis and such like, who are much more conversant with saints or devils than are psychoanalysts.

Laing would take from the schizophrenic his right to be sick and remove from him all the goodness in society which is mobilized to help the sick become well.

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