

**MARTIN M. KATZ**  
**Interviewed by Thomas A. Ban**  
**Boca Raton, Florida, December 12, 2007**

TB: This will be a special interview with Dr. Martin Katz for the International Archives of Neuropsychopharmacology of the American College of Neuropsychopharmacology, about the birth of the College and about the role of the National Institute of Mental Health (NIMH) in the founding of the ACNP. We are at the Boca Raton Resort Hotel in Boca Raton. It is December 12, 2007. I am Thomas Ban. So Marty, could you tell us about some of the background to the founding of ACNP.

MK: Thank you, Tom. Tom and I go back many years and lately we reminisce about at annual meetings of the College, how ACNP started. I am happy to be able to talk about some of the events that led to the founding of the college.

TB: Could you tell us briefly first how you got involved in psychopharmacology?

MK: As a young psychologist I was doing research on the evaluation of psychotherapy and in other clinical areas in psychology and psychiatry. It was a very exciting opportunity for me in 1957 to come to work at the National Institutes of Health (NIH) to help to begin the Psychopharmacology Program. It was made possible for me by Jonathan Cole, who at the time, was the newly appointed head of that program.

TB: Could you say something about how this program came about?

MK: The establishment of a Psychopharmacology Program at NIH was the outcome of testimonies at the Congress from many psychiatric experts and lay professionals about the importance of the discoveries of some new psychotropic drugs in the mid-1950s. Introduction of these new drugs was by any stretch of the imagination a revolution in psychiatric treatment. These testimonials played a role in convincing the Congress of the United States of the need for a great deal of support from the Federal Government, to fund and to engineer the founding of a new discipline, neuropsychopharmacology, that could have a very great effect on the treatment of mental disorders in this country and in the world. One of the people who testified before the Congress was Nathan Kline, a young psychiatrist at the time.

TB: Could you tell us something about Nate Kline?

MK: Kline played a role in introducing reserpine, one of the first “tranquilizers”, that was used in those days in treatment. He had a flamboyant presence, a very convincing manner and was very adept at influencing US Congressmen and other people. He deserves a lot of credit for getting that first two million dollars from Congress dedicated to the NIH to begin this new program in Psychopharmacology. At the National Institute there was another formidable figure and that was Seymour Kety. He was in charge of the intramural laboratory program there. And, Nathan Kline and Seymour Kety were two of the members of the first National Advisory Committee on Psychopharmacology for the NIH. Their job was to make recommendations how to spend two million dollars, which at the time was a very large amount of money, to initiate research in this new

discipline and to carry out certain projects and especially a very large collaborative controlled study, involving a large, representative sample of patients, on the effects of phenothiazine tranquilizers on schizophrenia. Most of the work done up to that point with these drugs had been done in smaller, “open” studies which were neither controlled or “double-blind”.

TB: Who else were on the Advisory Committee?

MK: Others on this advisory committee were figures like Heinz Lehmann, the psychiatrist who introduced chlorpromazine, the first phenothiazine tranquilizer in the treatment of schizophrenia, in North America. Drs Kline and Lehmann represented psychiatry on this committee. The Committee had to also include representatives of all the other disciplines, which were to make up this new field. That meant bringing together experts from the psychological, biological and psychiatric elements of the field. So, we had scientists like Lou Goodman, who had written the principal pharmacology textbook in the medical field, and Louis Lasagna, a very creative pharmacologist, who was at that time at the University of Rochester in New York. And, then, we had Howard Hunt and later, Gardner Lindsey, who were leading figures in the psychological field. We also had experts in the fields of statistics and epidemiology. The most formidable in the latter group was, I thought, Sam Greenhouse, who brought expertise in both statistics and in the clinical trials field. He was particularly critical in the development of the collaborative program, as were Mort Kramer, who ran a major epidemiologic facet of the NIMH), and some other figures.

TB: Who was the chairman of the Committee?

MK: The Chairman of the Advisory Committee was Ralph Gerard, a world-renowned neurophysiologist. You can imagine the difficulties that they had in weaving psychology, psychiatry and pharmacology together to create this new discipline. And, I, a young investigator, was given the task as the first Executive Secretary of this group, to observe and record the major points of their discussion and the nature of activities that were going on in the new field. My eyes, of course, were very big at that time. The people on the Committee were very impressive. And the battles that went on in the committee were provocative and highly productive. It would be worth documenting them in more detail. Just to give you an impression, Nathan Kline, credited with influencing the Congress to appropriate the funds to get this field started, as I mentioned, was a rather expansive representative of the field, and he was not very well liked by Seymour Kety, a basic scientist. Kety thought that Nathan Kline had exaggerated, overestimated what the new drugs could do and oversold the field to Congress. He wasn't too happy with the outcome and Congress' action. Everyone realized that if you did not present the case for expanding research on the new drugs in a salesman-like persuasive manner that the two million dollars would never have come in the direction of the Institute. So, those of us working in the program at that time, were not unhappy and weren't too critical of Dr. Kline. But, Dr. Kety had very sturdy principles in this respect and he and Dr. Kline were continuously arguing about the ethics and the direction the new program should take. I once labeled this the Battle of Saint Seymour and Nathan Kline, or something to that effect. Dr. Kety wanted most of this money to go towards basic research to provide the

foundation in chemistry, pharmacology and biology for the new field, whereas Dr Kline and Dr. Lehmann were for using a major part of the funds to carry out a very elaborate collaborative study, which would involve nine hospitals across the country with many clinicians and many patients to demonstrate the effectiveness of the new drugs. Their idea was that if the sample is large and representative enough, then the results of the study could be generalized to schizophrenic patients at large across this country and other countries, and consequently the demonstration of the effectiveness of the new drugs would move the field ahead. So, the battle was basic science versus clinical science. But, the mission was clear in the Congress' recommendation, and we had a charge to carry out a collaborative study.

TB: How did Jonathan Cole get into the picture?

MK: Jonathan Cole, an extremely innovative psychiatrist and leader of the NIH psychopharmacology program, brought the research plan for the study to the Committee, and the Committee approved the funds to do the research he proposed.

TB: It seems that the Advisory Committee had a major role in starting the new field.

MK: The Advisory Committee, consisting of ten to twelve members, established the structure for the field of Psychopharmacology. Soon after this cross-national clinical studies program at NIH got started in 1960, the investigators began to act on the need for a national association, a scientific college.

TB: Could you elaborate on this?

MK: Because there were so many disciplines involved, it was a problem how to get the different disciplines to communicate with each other in order to solve the scientific problems unique to this new science. It required that researchers involved cross biological, psychological, psychiatric considerations in their research. It was in the course of this process that the concept of the American College of Neuropsychopharmacology evolved.

TB: Could you name some of the people involved in the creation of ACNP?

MK: The early creators of the college were people like Paul Hoch, Jonathan Cole, Joel Elkes, Ted Rothman, Dick Wittenborn. Elkes was a leading figure in the field; he had created the first Department of Experimental Psychiatry in the world in Birmingham, in the United Kingdom by setting up a model for merging science and psychiatry. He was also one of the most eloquent spokesmen in the field, emphasizing the importance of linking basic and clinical research. into the future. He had a major influence on my work as a young investigator because of his emphasis on the importance of creating a new clinical methodology in order to move the science forward.

TB: When was the College actually founded?

MK: In 1961.

TB: Were the annual meetings at the center of the activities of the new College?

MK: Yes. The first secretary/treasurer of the group was Ted Rothman. Then, it selected Dick Wittenborn, a scholar in psychology from Rutgers University with a long history of developing psychiatric rating instruments. He also had a flare for doing things well when it came to organizing conferences. Wittenborn established the

home base for the annual meetings in Puerto Rico and set the annual meeting dates for the beginning of December. This location and date became a tradition that was maintained up to a few years ago. When the group was small it worked beautifully well. We would meet for a week. There would be some formal presentations, but half-, or full day “Study Groups” were the main features of the meetings. They covered a range of topics from the Neurochemistry of Mental Disorders to Transcultural Psychopharmacology. The idea was that we had to move the field of clinical science forward as we couldn’t wait for things to simply move on at their own rhythm as they apparently do move in the basic sciences. The study groups were heavily invested in attacking problems. We also had a wonderful study group on “Drugs in the Year Two Thousand” that was later published as an ACNP volume. We tried to look ahead into the future what would the field of psychopharmacology look like in the year two thousand from the knowledgebase of in 1970. If you are Westerners and not from the Far East where cultural representatives plan in ten and twenty year cycles, you are not likely to be looking more than a few years ahead. Most of us felt personally that we would not see the year two thousand. In that particular study group, we had celebrated people, like the novelist, Arthur Koestler, as one of the panelists, along with the anthropologist, Ashley Montague, and clinical scientists. And, when we look at the College’s 2008 annual meeting program, we now see a different picture, a very different set of topics and a contrasting approach.

TB: So, you think that the meetings have changed and we have lost something with the change?

MK: I would like to see some of the spirit of the “study group” orientation from the early years in today’s program. It helped distinguish the College from other scientific associations. We might have lost that, because the College has become big and the emphasis has shifted from the clinical to the basic science world. However, some of the clinical issues have remained unresolved. I would say that many of the problems of how we bring together disciplines like neurochemistry, behavior and pharmacology have remained unresolved and bedevil efforts to solve major problems like for example the “neurobehavioral” mechanisms underlying the effectiveness of the antidepressant drugs. I can, if I were to speak from a scientific basis, say that we still have not created those components that cross biological and behavioral spheres, a process that is necessary in order to understand how the drugs work. I don’t think we should be leaving that area of research as quickly as we appear to be doing.

TB: So you think we should continue with the old type of study groups?

MK: Yes. It would be useful to invite outsiders, leading figures from other fields to help extend our perspectives. We should also have plenary symposia that we had for example in 1973 in which I was proud to have David McClelland, the chair of psychology at Harvard, Eric Stromgren, from Denmark, one of the leading world psychiatrists on the epidemiology of schizophrenia, Sol Snyder, one of the then rising investigators in the field of biochemistry and pharmacology, and the Nobel laureate Linus Pauling. They stirred up our membership, especially Pauling with his ideas about the rigidity of scientific thinking, as he put it, the resistance to and the subsequent, unnecessary delay in the acceptance of new scientific evidence. I

think those kinds of symposia could be put together again, to maintain the uniqueness of the organization and to stir us up again, to get us moving in the right direction.

TB: On this note, we should conclude this interview with Marty Katz. Thank you Marty for sharing with us this information.

MK: And, thank you, Tom. Thanks for having me.

*End of Interview*