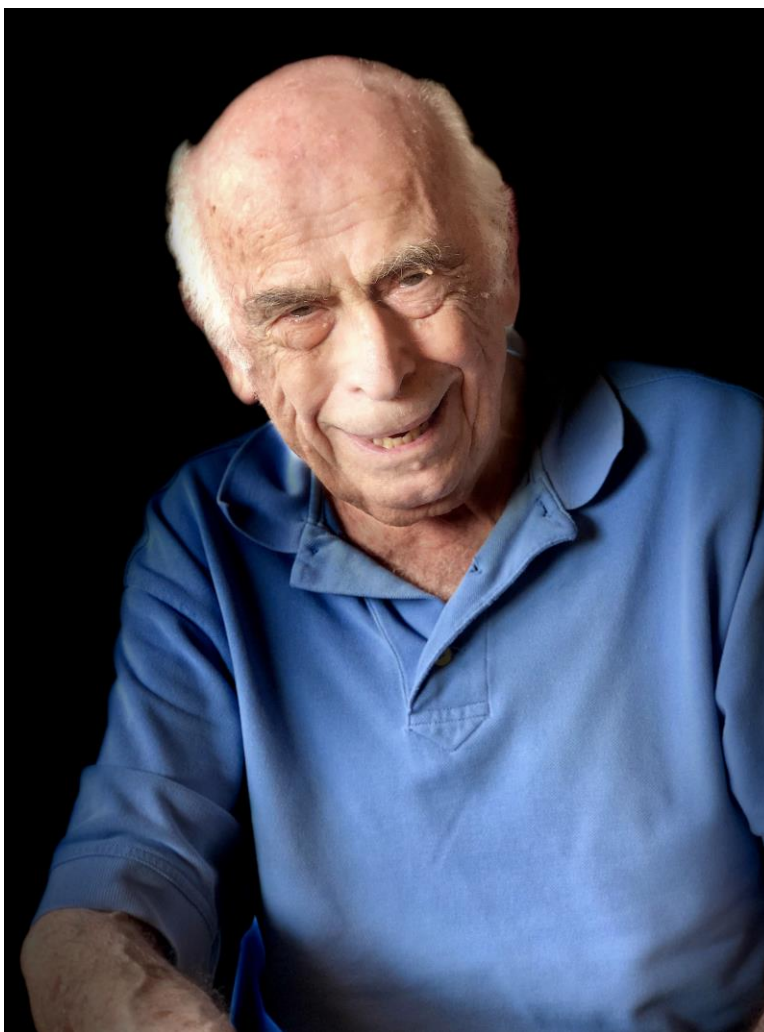


**Eulogy for Thomas Arthur Ban
(November 16, 1929—February 4, 2022)
by Peter R. Martin**



July 24, 2018, Toronto

I lost a very dear friend and mentor, Thomas Arthur Ban on February 4, 2022. After a month of courageously fighting the consequences of a massive left-sided stroke that kept him from expressing himself, Tom was finally unable to carry on. Tom's wife Joan and son Christopher (and I, among many others) hoped against all hope that Tom might survive after a period of delirium, when he began to revive, seeming to understand and enjoy Hungarian poetry (Petőfi and Miklós Radnóti) that Christopher read to him in the English translation. However, Tom was unable to swallow as a result of the stroke, COVID-19 was rampant in the hospital and he progressively

became very frail. Christopher was finally convinced by Tom's physicians to allow him to be transferred to the palliative unit where he passed peacefully. This last month punctuates the mettle and determination that have characterized Tom's life.

I first met Tom Ban, in May 1984, in Nashville, Tennessee while being recruited to join the faculty of the Department of Psychiatry at Vanderbilt University School of Medicine. Tom had recently returned to Vanderbilt from a two-year period in Geneva at the World Health Organization (WHO) and was just settling into his final years in Nashville prior to retirement in Toronto. Our initial conversation established that we had greatly overlapping life histories, and even though we had never formally met before this evening in Nashville, we might well have crossed paths many, many times before, without knowing so. Tom and I were born in Budapest 20 years apart, both of us the only child of middle-class parents. (Subsequently Tom often commented that he was also 20 years younger than his special mentor Heinz Lehmann and thus there seemed to be a pattern.) I felt comfortable in Tom's presence, almost at once. This was quite apart from Tom being such a gentle person who really understood the art of conversation and could bring people out. I intuitively knew a great deal about Tom's early life due to cultural similarities with my own and because sometimes his story involved so many acquaintances he shared with my parents, as Tom was only a few years younger than they were.

Tom enrolled in the Medical University of Budapest, which in 1969 was renamed Semmelweis University. This was not an easy decision for Tom to make because his first (and last love) were literature and philosophy. At age sixteen, he had been awarded a prize in a national student literary competition for an essay he wrote on the transformation of the 19th century novel in the early 20th century, attributing this change to the influence of Freud and psychoanalysis. Thus, although Tom felt drawn to and was particularly well prepared for a career in literature, history and philosophy, previously honed survival skills that were vital in Budapest during World War II remained a profound influence in his final choice, as Tom and I often discussed over the years. Hungary, a Fascist state during the war and "a people's democracy" after 1949, was not an easy place to be a literary scholar, especially as a Jew, and medical school seemed to be a safer course, one in which Tom ultimately thrived and contributed enormously. However, he never lost his original passions which became manifest in full force in the later part of his career as he focused on history and philosophy of psychiatry. Also, his interest in literature was transformed into a

fascination with the cinema and theatre which he shared with wife Joan and son Christopher, who became a writer and filmmaker.

Tom commenced psychiatry training at the National Institute of Nervous and Mental Disorders, in Budapest, laying the groundwork for a long and productive career studying mental diseases and their treatment by using psychoactive drugs. Tom loved to tell me stories about first using chlorpromazine and lithium in Hungary well before they appeared in North America. He explained that he treasured the education he received from his service chief György Sándor and that how this influenced his own practice throughout his professional life. Tom admired Sándor for his clinical acumen and his ability to stay up to date with the psychiatric literature of the time even in a country like Hungary where medical journals were hard to find, skills Sándor clearly passed down to Tom.

Ban immigrated to Canada (Montreal), as did I with my parents (Toronto), during the Hungarian Revolution of 1956. He obtained licensure to practice his profession in a new homeland, which required re-training first as an intern in Halifax and then as a psychiatrist in Montreal. Ban had the good fortune to settle in Montreal at McGill University. When in the early 1960s my family moved to Montreal from Toronto, we lived for a number of years in an apartment building, which, I later understood from Tom, was directly across the street from Tom's father's residence and around the corner from Tom's own house. So, until Tom left for Vanderbilt, we were neighbors, both commuting to McGill via essentially the same route without knowing it. Unfortunately, I never had the honor to be his student while in medical school at McGill.

Ban's first McGill mentor was the eminent neurosurgeon, Wilder Penfield, of homunculus fame, who offered Tom a fellowship after coming across a paper Tom had written during his residency on post-traumatic epilepsy. Ban submitted his application for Penfield's position while in Vienna, the first stop in the world outside of Hungary for many emigres of the 1956 Revolution; he was quickly accepted for a prestigious fellowship at the mecca of neuroscience, the Montreal Neurological Institute.

After returning to Montreal from his medical internship in Halifax, he trained in psychiatry with Heinz Lehmann, who subsequently became his teacher and long-term collaborator, and most importantly his close friend whose clinical wisdom and research observations Tom continued to advocate and discussed with me over the years of our friendship. Among his many other accomplishments in psychiatry, Lehmann was the first to use chlorpromazine in North America,

for which he received widespread acclaim including the Lasker Award (1957). Over the years, Tom would say to me, “Look how everyone seems to have forgotten Lehmann’s major contributions, it is terrible.” Tom admired and loved Lehmann and kept in touch with Lehmann’s son to the very end.

Ban then became the research fellow of Ewan Cameron, then the Chair of Psychiatry at McGill. Over the years, I had heard a lot in the popular news media of the “notoriety” associated with research Cameron conducted for the United States government intelligence establishment, which Tom told me was quite “overblown.” Tom had the highest esteem for Cameron, who he claimed was “both feared and loved by his colleagues; his patients adored him” and was “one of the most organized and efficient psychiatrists I have known — his medical records were meticulous.” In the last few years Tom has been interviewed extensively by historians studying Cameron’s work in psychiatry and told me he tried to convey some “rationality” to the historical perspective. We would discuss how Cameron’s ideas of reconditioning were logically based on how he thought the brain worked but may have had some limitations.

During the early McGill period, Tom published *Conditioning and Psychiatry* (Aldine 1964), his first book, based on his diploma thesis, in which he adopted the view that the conditional reflex is the elementary unit of mental functioning in the brain. This notion has continued to influence evolution of modern psychiatry, as evidenced by the central role of synaptic functioning in neuroscience research. The goal of such work has been to seek an understanding of learning and memory, which are fundamental elements of the human condition in all its complexities, not just conditioning *per se*.

After integrating information on conditioning at the behavioral and neurophysiological level, he began to study conditional reflex variables in psychiatric patients. This was to provide a means for bridging the pathologies in the processing of signals in the brain. He perceived such dysfunctions of signal processing as the essence of mental illness and the mode of action of psychoactive drugs, as outlined in a volume he wrote in collaboration with Heinz Lehman, *Experimental Approaches to Psychiatric Diagnosis* (Charles C. Thomas 1971).

He also wrote *Psychopharmacology* (Williams and Wilkins 1969), in which he aimed to set a foundation for what was to become translational neuropsychopharmacology, by examining to what extent structure-activity relationships with psychoactive drugs translate into neurochemistry, neurophysiology, and behavioral and clinical effects. This book was ground-

breaking at the time it was published and contained principles that are still considered very relevant to the practice of the discipline. This book also brings to mind another overlap in our lives — Tom gave a complimentary copy of this book to his dentist, who just happened to be a good friend's father; when I entered medical school, my friend's father proudly showed me this book and I remember being very impressed that a “fellow Hungarian” was so accomplished. (How this contributed to my own interest in clinical psychopharmacology is hard to say...)

This was a particularly productive period for Tom. He was the co-leader with Lehmann of a clinical research unit at the Douglas Hospital at McGill engaged in the work of the Psychopharmacology Service Center (PSC) of the NIMH, a program intended to facilitate the clinical development of psychotropic drugs referred to as Early Clinical Drug Evaluation Units (ECDEU), in which drugs with psychotropic potential, on the basis of preclinical findings, could be investigated before their approval for general use by the FDA. He was scientifically involved in the development of most of the drugs used in the early era of neuropsychopharmacology and published extensively, including an incredible 1 to 2 books most years. He also founded the first Division of Psychopharmacology involving all major McGill hospitals and directed the first WHO training program in psychopharmacology. The trainees of this program pollinated departments of psychiatry throughout the world and many of these trainees are still incredibly influential in their own countries and internationally.

Ban was recruited to Vanderbilt University and the Tennessee Neuropsychiatric Institute in 1976 by Marc Hollender and Fridolin Sulser. At Vanderbilt, Tom continued his involvement with international neuropsychopharmacology begun at McGill; this culminated in his appointment as Consultant in the WHO Division of Mental Health in Geneva for two years, in the early 1980s. This position seems to have been a significant watershed in his career, both professionally and personally — Tom and his family loved living in cosmopolitan Geneva, and thus, the seeds were sown for their eventual departure from Nashville as well as Tom's shift in scientific focus. Although in *Psychopharmacology* he recognized that the pharmacological heterogeneity within psychiatric diagnoses precludes meaningful biological research of mental illness and the discriminative use of psychotropic drugs, only after his return from Geneva, did he begin developing methodologies that he believed could break the impasse created by studying pharmacologically heterogeneous populations.

My friendship with Tom began within a very short time after I arrived at Vanderbilt, in 1986. We would often sit for hours or go for long walks and talk about many things, especially his vision of psychiatry. I soon realized how magnificent, agile and orderly a mind he possessed. It was apparent that he could expound at length on most any area of psychiatry raised for discussion — he had been there before, had thought about it deeply and probably had published a paper or two, or even a book, on the topic. Most impressive to me was how he could direct you to the actual publication that was the first in which the particular topic was first raised, as well as the historical procession of the concepts involved. Thus, I would simply listen in awe and learn, and more often than not, found his insights invaluable in my own research.

Tom firmly believed that psychiatry, regardless of whether or not it was considered a branch of neuroscience, is primarily a clinical discipline with its own complex methodology that can only be acquired through training and experience. In this discipline, one learns to elicit and describe psychopathological symptoms that express most directly the pathology in the processing of signals/experiences in the brain, and only reliable nosological entities can completely represent the totality of their clinical manifestations from onset of the illness through its longitudinal course. It was at this time that Tom was finalizing the *Prolegomenon to the Clinical Prerequisite* (Pergamon Press 1987). This publication began the process of development of a *Composite Diagnostic Evaluation (CODE) system for psychiatric disorders* (JM Productions 1989). Tom only half-seriously viewed this work as a first step for creating “codes” for the processing of mental events in analogy to the “genetic code” that guides cellular functions, hence his choice of the acronym. At the time, I thought he was much too focused on his perspective without appreciating the tremendous excitement of genetics and neuroscience that captivated the scientific community (and of course, me). He confidently held that the finest genetic study designed to understand the molecular complexities of the dysfunctional brains of any psychiatric population would fail without a strong anchor in diagnosis, or at least in a pharmacologically homogeneous population. He strongly believed that in the study of mental illness, psychiatry should guide, rather than follow neuroscience and that psychotropic drug development was wandering lost in the desert without psychiatric feedback. His advice to me, freshly arrived at Vanderbilt from the cloistered environment of NIMH in Bethesda, was: “Peter, you need to see more patients.” Tom thoroughly enjoyed patients and knew how to both help them and continued to learn from them. He continued chatting almost daily with the son of a family friend who was schizophrenic.

Tom “retired” from Vanderbilt in the mid-1990s to Toronto, a city which has been a wonderful choice for he and his family. He never lost his interest in Vanderbilt and proudly displayed in his living room the silver plate that signified his Emeritus Professor designation. My parents also relocated to Toronto and while they were still alive, I had the occasion to visit Toronto quite often and to see Tom. Retirement for Tom did not reduce his devotion to his scholarly activities and he worked harder than did many energetic individuals of half his age. He told me he retired from Vanderbilt, so that he could dedicate his full time to collaborate with his former fellows around the world to develop and use CODE-related diagnostic systems in the re-evaluation of psychotropic drugs already in clinical use and in the clinical development of new psychotropics.

During Tom’s retirement, other subjects that have captivated his interest have been how, in the absence of a valid psychiatric nosology, the corporate world has influenced the development of pharmacotherapy in psychiatry, how to most appropriately conceptualize conflict of interest in neuropsychopharmacology and how to train the next generation of psychiatrists by improving clinical skills through a greater understanding of the history of from whence psychiatry came. Another vitally important theme in Tom’s scholarly life during the Toronto years that I alluded to earlier in this eulogy was his passion for the history of psychiatry, especially neuropsychopharmacology. The fruits of this passion for history and his utter tenacity are two historical multi-volume treatises, *The History of Psychopharmacology and the CINP, As Told in Autobiography* (edited with David Healy and Edward Shorter; Animula 1998-2004) and *An Oral History of Neuropsychopharmacology* (American College of Neuropsychopharmacology 2011) and other related volumes. Most recently, Tom has spearheaded the establishment of the International Network for the History of Neuropsychopharmacology (INHN). Once again, he has recognized an emerging problem for neuropsychopharmacology and wanted to develop a methodology that might make sense of the flood of information generated by rapid advances in the neurosciences with possible relevance to mental illness. He believed that the surfeit of information that now exists in cyberspace has become a distraction without much indication of its reliability. Yet, he also recognized that the same advanced communication technology that rendered these isolated bits of information so readily accessible without scrutiny could also be employed to undo the harm by organizing the information into an historical and proper psychiatric context, and thereby become useful for the

study and treatment of mental illness. By doing so, Tom believed that INHN could provide a bridge not only between different generations of clinicians and scientists involved in neuropsychopharmacology but also between the different disciplines involved in the field.

When my mother passed in September 2007, Tom was at her funeral and my trips to Toronto, though not as frequent, became predominantly to see Tom. We fell into the practice of talking every Sunday at noon sharp each week, only disrupted by my travels and his going with Joan and Christopher to the theatre (the Stratford Festival or Niagara-on-the-Lake) or other family obligations. More recently, Tom and I have sustained our friendship with more modern electronic means (the Skype platform) with which Tom became quite expert thanks to Christopher's help. It was truly a joy to be able to "see" each other, even throughout the isolation of the last two years of the COVID pandemic. Of note, we always talked in Hungarian, only rarely slipping into English when neither of us remembered the word for something in Hungarian — we both found comfort, I believe, in our first language, the language we used with our parents.

Our relationship strengthened and transformed since my mother's death. The happy ritual of Sunday morning chats became much more intimate and although psychiatry and was always important to both of us, we talked of books, politics, philosophy, and of our life experiences and struggles. I learned a tremendous amount about Tom's experiences: his war years and early adulthood in Budapest, immigration to Canada, his world travels and his friendships with most of the leaders of academic psychiatry and the pharmaceutical industry. For example, Tom told me compelling stories of the war years as a youngster in Budapest, including his introduction to Raoul Wallenberg, the Swedish diplomat and humanitarian who saved thousands of Jews in German-occupied Hungary during the Holocaust and who just happened to have Tom's uncle as his driver. He greatly enjoyed a book by Upton Sinclair translated into Hungarian when hiding from the Germans in Budapest. He proposed to me, "Peter, you should read Lanny Budd!" Of course, when I looked into it, Tom was actually referring to *The Lanny Budd* series. This series was written by a renowned American novelist and the greatest muckrakers of the 1900s, Upton Sinclair, in which he traced the epic history of Lanny Budd, an adventuresome art dealer and the son of American arms manufacturer, Robby Budd and his beautiful mistress Beauty Budd. This series essentially covered the sweep of European history in the first half of the 20th century in a series of 11 books (only the first of which must have been available to Tom at the time). I was captivated — Lanny met and interacted with the major historical figures (a la Forest Gump) in Europe and

was a secret envoy of FDR during the 2nd World War while having a “friendship” with Hitler; I read all 11 books and on Sunday mornings retold the story to Tom who was reminded of his own experiences at the time. He stated repeatedly, “I must read Lanny Budd again!”

Tom never forgot about Vanderbilt and often asked me, “What is new in the Department?” He wanted to know about colleagues and everything that was going on. This provided the opportunity for him to give me advice on my situation and be genuinely helpful to me. He also used me as a sounding board about recent advances in science and one day asked me to recommend a book that would allow him to better grasp genetics. He devoured *The Gene: An Intimate History* by Siddhartha Mukherjee that I brought to his attention and we were then able to discuss the relevance to Psychiatry. He also shared Lehmann and Cameron stories as well as experiences with other world leaders and innovators in psychiatry. He seemed to know many of them through his time in ACNP and CINP. Further, he revealed to me that before he joined Lehmann at the Douglas Hospital in a faculty position, Lehmann encouraged him to take several months to visit the leading laboratories in psychiatry research in Europe and it was thus he first met Pichot, Delay, Deniker, Hippus and many more about whom he shared stories and insights. He continued to enhance his “Roladex” and what was striking to me is how hard he worked to continue to stay in touch over the years. This widespread group of eminent colleagues and a global perspective of the role of psychiatry in human history are what have allowed him to reify his vision of the International Network for History of Neuropsychopharmacology (INH), his last great accomplishment.

Tom's death has left a tremendous void for many of us. As far as I am concerned, in addition to losing a very good friend and mentor I have lost an almost father who will live in my memory as long as I do. Every Sunday at the appointed time for our Skype chats I feel his loss all the more. Losing Tom has left me with one resolution — we must continue to work together to ensure that the last of his major accomplishments, INH, continues as a remembrance of his tremendous influence on the field of Psychiatry! This is no small task, as Tom was the driving force and we are but substitutes, however, it is hoped some of his legacy will live on through what he taught us.

February 24, 2022