

July 2, 1965

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Dear Al:

I was very pleased to receive your letter, as I think that the convulsive therapy model has been studied too little.

As I see the convulsive therapy process, changes in brain function are a necessary, though not sufficient condition for improvement. Of the various measures of brain function, changes in the electroencephalogram seem to be the most easily quantified and among the more sensitive available to us. Induced convulsions produce high voltage slow wave activity in all parts of the head and this can be easily measured.

The data indicates that in the absence of the development of high voltage slow wave activity, behavioral change is limited and appears with no greater frequency than in control groups.

Thus, the principal predictive value of slow wave activity lies in the prediction that in its absence behavioral improvement will not occur and in its presence, improvement may occur.

The principal predictors of the type of behavioral change which we call improvement, and which is generally associated with euphoria, denial, decreased tension, improved sleep, etc. are psychological characteristics of the subject. Such characteristics as propensity to denial, high degrees of authoritarianism, low discriminant ability are associated with behavioral improvement when EEG slow wave activity is induced.

There are a third set of parameters in the convulsive therapy process having to do with the maintenance of behavioral improvement once the physiological signs have returned to pre-treatment levels. These may not have to be considered if the study is focussed on the short term treatment results.

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Your letter reminds me that I should have codified our convulsive therapy experiences many years ago but not having done so, I must send you a number of reprints which are enclosed. I hope they are helpful.

As to your kind invitation to visit with you, I was at first inclined to regard this as a gesture. I have thought about it, however, and my interest in the convulsive therapy process has recently been stimulated, not only by your inquiry but by a similar inquiry from Dr. Al Freedman. I have already agreed to visit with him and to assist one of his students in a study of convulsive therapy. I would be very pleased to help you and Dr. Delamonica. I am very much interested in finding out if our early models still hold true today, and if your studies can shed some light on these issues, I would be very pleased. For this reason, may I suggest the following. I plan to be in New York some time in July and can arrange to come and visit you in association with that trip. I also will be on vacation in the East during August. Martha and I are planning to spend a few weeks at the beach, and I know my own personality well enough to anticipate a restiveness after two weeks. Nothing would please me more than to come and visit you for a day in mid-August.

I hope these comments are helpful and I am delighted that you are undertaking a convulsive therapy study program. Good luck! My best regards.

Sincerely yours,

Max Fink, M.D.  
Professor of Psychiatry

MF:kp