

January 12, 1997

Dear Jack,

It was good to hear from you again; I also received a card from Sophie and her family on holiday. All is well here. Martha has just returned from a short visit to our two grandchildren in Phoenix. They are growing well and the reports were glowing. My son, as a Department chairman, is in that phase of his life that he is dealing with 'movers and shakers' -- deans, university presidents, and corporate executives. He likes the power. At the same time, he is at a pinnacle of his research career, with much research money and many students, and has to decide which effort -- the academic or the political -- to follow. Martha reminds me that I was in the same phase when I was in Missouri as the head of an institute. I am glad I chose the research.

On the topic of research, a few years ago I urged some leaders in ECT to organize a study comparing the efficacy of continuation ECT to that of continuation medications [lithium and a tricyclic]. After three years of bargaining, the Government has awarded grants to four hospitals in a collaborative effort. Unfortunately, the federal funds are inadequate to do the study properly. In the past, universities were willing to support the research effort, seeing such work as part of their academic responsibility. No longer. The issue now is wholly -- how much money do you bring in as a clinician; how much are we paying you; and if we cannot make a profit, maybe it is time to go. So, I am in the process of returning the money to NIMH.

The process has become ugly. The Dean has asked whether I am willing to retire now. After all, he says, he can hire two psychiatrists for my salary. When I noted that I have been accorded all sorts of honors as a teacher and as a leader in research, he smiled and said that the school had paid me for such efforts in the past, but for me to 'get with it' -- the times have changed. Martha and I have begun the necessary dialogue to retire later this year, after I have completed my present assignments. These end in June and after some months of terminal leave, I should be free.

My book ELECTROSHOCK is coming along nicely. I have written a description for the laity. I have a good publisher [Oxford University Press]. All the main chapters are written; I am busy with the end-notes and appendices. While it will not lead many to this useful treatment, it will serve to answer some questions.

As with my university, a similar immediate return seems to have affected your old company. Earlier in the year, when mirtazepine [ORG 3770] was about to be marketed, I reached the research director at Organon USA and suggested that we undertake a clinical trial of mirtazepine in delusional depressed patients, with an eye to defining its efficacy in hospitalized patients. I noted that the filing data in the U.S. [which he had sent me] was limited to out-patients. In return, he said that they were not at all interested in testing mirtazepine in in-patients. [I do miss the days when it was possible to talk directly to Organon's leaders.]

I replied that I ran a clinic of depressed patients and I offered to examine mirtazepine in either our depressed patients after a course of ECT [was it as effective as a tricyclic in continuation treatment?] or in those who were not so ill, and for whom we could define the clinical efficacy at the same time as its effects on adrenal functions. Again, he wrote to say that they were not interested. Too bad. The competition for attention in modern psychopharmacology is based wholly on hiring 'names' to give 'talks' about new drugs and to 'testify' as to their effects. Most of my peers are already on the dog-leash for other compounds [of which there are about eight]. I fear that mirtazepine will have no better fate than mianserin in this country.

Martha continues her supervision of student teachers; our daughter Rachel in Massachusetts has adopted a lovely, bright, and intelligent Chinese girl whom we love. And Linda has convinced her husband to take a position in Virginia -- they are building their home on almost 200 acres of mountain-top nearby to her college.

I continue to give courses in ECT and lecture on my new-found interest, the syndrome of catatonia. Martha and I are off to Melbourne in late February. That will be our first trip to Australia.

So, we move on from one phase to another. When I step down, it should be possible to travel more freely. We will see. Meanwhile, Martha joins me in thanking you for your kind note, and we wish you and your family continuing health in 1997.