

October 17, 1963

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Dear Fini,

It has been a little more than a year since I visited Copenhagen; and also, I have been in Missouri a little over a year. By now, Miss Deneke should have reported back to you, and I hope she has given you a picture of our progress.

She has been a very good nurse and we were sorry to see her go. We gave her one of our wards of about 20 long-term psychotic subjects. In a few months, her ward was "alive" - with the patients active, wide-awake, and participating in O.T. Patients on another ward, organized at the same time, with a different staff nurse, appeared withdrawn, quiet and inactive. Both wards had the same therapist, and he was soon devoting more time with Miss Deneke, largely because he felt more optimistic with her patients. After some months, I had a problem ward, and asked her to assume responsibility for it. She did this so well that this group now became our "best" population. She was well liked by staff and patients alike - and especially by the aides and attendants, for whom she was a good leader. There was one problem in her stay - she liked her patients so well, and identified with them, that she became upset when the patients were upset, and was elated when some did well. We miss her already, and promised her an appointment if she wished to return for another year. Many thanks for recommending her to us, and if others wish to spend some time in the States, her record was so good as to cause us to welcome said candidates.

The laboratories in electroencephalography and pharmacology, and the computer unit are all operating well. I look forward to the

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time, a year from now, when we should be able to start reporting data.

On the wards, my biggest problem is the classification of patients' behavior. As in New York, I find the classification of patients very difficult; and the determination of the parameters of patients' change almost impossible. That is, until I take a very simple approach and use myself and my fellow students as the measuring instrument. More and more, I have become interested in Fritz Freyhan's simple "target symptom" approach. After spending two years with factor analysis, discriminate function analysis and such other "salami" techniques, I am a bit disenchanting and believe that simple measures may do more for our clinical research than those more complex.

How is your study coming? When I last discussed it with you, you anticipated that some new equipment for psychophysiological measurements would be coming in. Has this worked out well?

The weekend before last, I attended the American EEG Society meetings in San Francisco and took Martha with me. This was the first real vacation since coming to Missouri and we enjoyed it very much. I look forward to bringing her to Europe next summer and should like, on that occasion, to come and chat with you again.

My best personal regards.

Sincerely yours,

Max Fink, M. D.
Director

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