

February 4, 1970

Dr. Simon H. Nagler
Department of Psychiatry
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1901 First Avenue
New York, New York 10029

Dear Sy,

We have no "innovative" ideas on how to supervise residents in psychiatry. We have proposed that the continuous care model of the Division of Biological Psychiatry, with our emphasis on a total treatment approach, without artificial temporal, philosophical or modality restraints, may be a useful experience for students. We are aware that more than one-half the patients admitted to our inpatient services are re-admissions - and higher for drug abuse subjects. We emphasize, therefore, some experimental approaches to therapy, and this, in itself, may be of interest. Surely, some of our techniques are innovative, as unilateral ECT and multiple monitored ECT for depression; naloxone, cyclazocine as "engagers" for opiate dependence; injectable fluphenazine enanthate and decanoate, and elixer butaperazine for schizophrenia; and doxepin and high dose chlordiazepoxide for anxiety. Not to forget our special interests in lactate precipitable anxiety, cannabis, and EEG.

Surely, among this wealth of novel experience, with a staff consisting of Drs. Fink, Keeler, Shapiro (Professors); Feldstein (Associate Professor); Dornbush, Resnick, Rubin, Simeon, Volavka (Assistant Professors) and Abrams, Clare, Major and Zaks (Instructors) - we should be able to engage a group of enthusiastic, bright and dedicated residents in a reciprocally rewarding experience!

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

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