

April 3, 1970

Dr. Ali Keskiner
Missouri Institute of Psychiatry
5400 Arsenal Street
St. Louis, Missouri 63139

Dear Ali,

It was a pleasure to read your application, and many of my comments are hand-written in the text.

In general, the ideas are presented well and the argument is good. I found it repetitious in some parts, which inspired me to make some suggestions.

The aim is excellent, and the methods are clear. There are some weaknesses - some are indicated in the margins. The greatest weakness (and one that affected MH 11381) is in the initial selection and testing of patients. It is not clear how the experimental group will be selected, nor whether they will be drug free (did I miss something?) and for how long.

I would also question your estimate of statistical and computer costs. These are always much higher than estimated, and your estimates are very low.

I wonder why you omitted a summary of the Stuart experience. As you related it to me, this summary showed the interaction of drugs and special remedial training. Or is she included in the case summaries as MS?

There are many subbestions for special therapies for schizophrenia. But none are given in isolation, and combined therapies are the rule. One of the principal assets of TRP was the control of drug therapy - and while you suggest it in the test, it is not explicit enough.

Dr. Keskiner

-2-

April 3, 1970

All patients should receive standard medication, not experimental, plus remedial (or plus control therapy). I am impressed by Philip May's book on therapy of schizophrenia, emphasizing the value of combined therapy. Perhaps your project could be placed in the same framework.

Finally, is there a connection between this program and your special aftercare? If so, it should be spelled out.

The project is interesting, novel and a logical follow-up of the TRP. Within this framework, it should command some attention.

My best wishes.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

MF:kp