

September 28, 1965

Dr. Albert A. Kurland
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Baltimore 28, Maryland

Dear Al:

I have just completed reading the second draft of the convulsive therapy project. This draft is clear, succinct, and I have found only a few minor questions.

On page four the global improvement scale will be completed by the psychiatrist. Insofar as different psychiatrists respond to induced confusion in different fashions, I believe a simple psychopathological rating scale should be included for the psychiatrists. My own recommendation would be to use the IMPS or one of the earlier Lorr Scales, probably the forty item unit. Both will differentiate changes drawing in a "negative" direction due to confusion and memory loss, and those going in a "positive" direction due to changes in psychopathology.

Incidentally, the last line on page four should read "... amount of induced slow wave ..."

On page seven the technique is quite clear. A seven channel magnetic tape is usually of FM type and while the signal recorded on tape is an analog signal, in our conventional language we speak of the signal on "magnetic FM tape."

In the last paragraph the phrase "content in printing" is unclear and this may be a typographical error.

On page thirteen the first paragraph is awkward and in addition to the question written on the page, the word "psychological" should probably be replaced by the word "physiological" as the process involved.

The review of the literature, the significance and the methods are each quite clear. I am left with a few questions which are raised by the method and are not covered by the introduction or significance. Why are you planning two types of induced convulsions? While the evidence is unclear that these produce different seizure patterns or that the post-seizure slow wave activity is the same or different, it is probably important for you to justify such a decision, which, in essence, doubles the length and expense of the study. My own justification would be that the therapeutic results

have variously been reported as being different for the two treatments and that it may be worthwhile, once again, to confirm these observations in terms of concurrent behavioral and neurophysiological variables.

Secondly, I note the omission of the study of the seizure EEG. In the review of the first draft, I tried to indicate that some balance might be achieved by studying the interseizure EEG (as this has been found to be related to treatment outcome) and the seizure EEG since this was a novel and probably important suggestion. Are you planning to include recording of the seizure EEG and its analysis? If so, it should be included in the draft as a very important section precisely because it had not been reported in great detail before.

It was a pleasure to talk to you and your staff. After our discussion, I became concerned that I may have misquoted the proposed rental charges in our new computer installation. The present rental charges are \$2800 a month, and in the proposed unit, both IBM and CDC have given us quotations of about \$3400 per month.

I look forward to this study which I think is a very interesting and important one, and will be glad to go over it with you in greater detail in Connecticut next Monday.

My best regards.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

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