

January 20, 1966

Dr. Abraham Kaplan
Alger Road, Kings Point
Great Neck, New York

Dear Abe,

Martha has told me of her pleasant visit with you last week end. In her whirlwind tour of Westchester County, she came back with some very definite impressions. As we now see it, although living in Westchester County would be advantageous from the point of view of traveling, the chances of finding a satisfactory house in that part of the county (Larchmont, Rye or Scarsdale) which would insure the short traveling time, is highly unlikely. So, we are leaving our home situation flexible. I have spoken to Bertie about homes in Great Neck and she will canvass the field so that when I next come to New York I can look there as well. Frankly, both Martha and I would want very much to live in our former community. The commitment to traveling to New York regularly is so awesome to me that I tend to disregard all the advantages of living in Great Neck when I have to balance these against the traveling problem. However, this is but a small problem facing us today.

I must thank you for your valiant efforts on my behalf with the NP Society. I was sure that this suggestion had fallen through, except that Martha told me that you had received a commitment from them in March. When you communicated in your note that the problem was a title and subject that would "sell" I was stymied. Nothing that we have done in the past three years is popular. I believe, however, that we have accomplished much, but it is in those aspects of the discipline which has little direct relevance to the practice of psychiatry. Most of our work has been in the treatment of the chronic schizophrenic. We have examined the neurophysiological changes which we think are necessary for the treatment response and have used these measures as guides to the treatment programs. In patients who have failed to respond by other treatment methods, our use of very potent phenothiazines, hallucinogens, and combined drugs has been successful. In these studies, we have learned to apply potent drugs to change the behavior of the severe mentally ill. I believe that these studies have been most helpful to me in assessing the treatment program for individual patients as they have come to our unit. Instead of facing a plethora of drugs and

not having a reasonable set of criteria for decisions about which drug to use, we are able to assess the behavior of the patient and then select compounds according to power, theoretical and experiential models.

A second area of study has been the assessment of new compounds. These studies have been undertaken in some of the severe mentally ill, but also in a group of newly admitted psychotics. The patients are those who have been sent to the State Hospital system from the community hospitals. In this program we have learned that some of the new compounds are indeed potent and have tried to develop dimensions for their application. More important, we have developed some ideas about the methods of assessing new compounds.

Another clinical interest has been the effects of hallucinogens on patients. We have done a number of studies on the effects of LSD, for example. We have noted prolonged effects in some schizophrenic patients. We have observed the development of tolerance and have studied the neurophysiological changes that accompany this phenomenon. A study has related the language changes induced by LSD to the neurophysiological changes and one of my assistants has written a paper on the relation of these changes to the use of LSD as a therapy.

Finally, there have been a large number of studies which are not clinical. We have developed methods for measuring the EEG changes using complex computer techniques. An information retrieval system has been established, which makes possible the identification of articles from our files which are related to the problems of EEG, psychopharmacology, and behavior. Reaction time studies have been done and techniques developed for measuring minimal drug effects.

I believe this summary is enough to give you a picture of what we have done, and any of these subjects may provide the basis for a discussion. Knowing the members of the society, I suppose the two subjects that would be of most immediate interest would be the problems of evaluation of new drug treatments as well as the comments which could be made about the selection of drugs for different patient groups. The second would be a discussion of LSD. Both subjects have been presented to this society by others. In 1960 or 1961, I did present some of the data regarding the effects of psychotropic drugs. I do not know whether the tenor of the society is such that they would be interested in another discussion of psychotropic drugs at this time. However, if it would be of interest, I would be pleased to make the necessary arrangements.

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I must admit, that when I spoke to you in December I was pre-occupied by my problem of deciding whether to return to Nassau or to make the move to Westchester. Soon thereafter, when I had the opportunity to travel both to Great Neck and to Westchester, I decided that Westchester it would have to be. Now, again, I am undecided. I do not think that my participation in the Nassau NP Society Program will modify my decision. It was kind of you to make the inquiries on my behalf. I believe that if the NP Society has an opportunity to invite a more popular speaker, they should do so. I will be in New York from June on, and would be pleased to participate in the NP Society Program whether I live in Westchester or Nassau. I must leave the decision up to you and the Program Committee.

This letter is much longer than I had originally anticipated and so I will close with my many thanks and telling you that I look forward very much to spending more time in Great Neck this summer.

My best regards to Shirley.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

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