

September 17, 1964

Turan Itil, M.D.
c/o K. Cig
Topkapi Saray
Istanbul, Turkey

Dear Turan:

Thank you very much for your letter from Stuttgart and for the slides. When I returned to St. Louis, I found the program running very well. Everyone seemed quite content and I was most pleased with the progress that occurred during the month of August in the laboratories and also in the patient studies. As for specific questions and problems, I will share some of these with you and some of the decisions which I have made.

The butaperazine study is good, and I reviewed with Ali his presentation to the E.C.D.E.U. group. Instead of making up slides, he will make up a number of tables and will have these mimeographed for presentation to the group.

The computer studies of pentothal activation are running well. We will be following at 10 day intervals, six patients receiving trifluoperidol, and I asked Ali to give Mrs. Dierker three names of patients receiving butaperazine and three patients who will receive thioridazine. These twelve patients should receive pentothal EEGs and computer analysis about every 10 days until each one has had six to eight measurements. These will be taken during the drug-free period and then while on a drug.

The SKF study is in progress. I reviewed the one record using the computer in which you have pentothal activation. To my eye, this did not help the discrimination. Two of the volunteers have been done, but one is Mrs. McDonald, who has been pregnant and I think this series will not be useful for us. Charlie is able to do two recordings a week.

I reviewed your protocol of EEG computer study of different phenothiazines. Richardson could not start, and Ali suggested Tucker instead. The protocol is satisfactory except that I would like to add an examination with trifluoperidol and one with librium to bring the group to six. I am rewriting the protocol and will send you a copy as soon as it is ready. Will librium at 1 mg/kg and trifluoperidol at 0.2 mg/kg be a satisfactory dosage schedule?

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In reviewing the LSD work with Andy, it became obvious that he has had an extensive experience. The clinical changes are recorded well and I thought it was important to have him start some EEG analyses to determine the EEG criteria for threshold and for tolerance. We began this yesterday and hopefully, during the next two weeks, we will have some preliminary work in this area. Would you like to suggest how he is to determine the threshold effect on EEG?

I met with Mike Holden and reviewed the lobotomy and combined drug therapy projects. The combined drug therapy project is quite good, and he has most of the patients for this group. The initial studies are in progress. The lobotomy study was unclear and we discussed this at some length. I suggested that the same problem would be faced by him as Andy faces, mainly the determination of the differences in LSD, Ditrans sensitivity for the lobotomy and the non-lobotomy groups. We will discuss this further.

Magrinat began this week with Ali, and in principal, I accepted your recommendation that he participate in the study of epileptic disorders. The Ospotat protocol has some questions in it which can wait until your return. In the meantime, he is to get to know Ali's patients and will help him so that he can spend some more time in the laboratory.

I reviewed some of the tapes made by Mrs. Wright and find that the Offner is set with time constants which lose the fast frequencies. Gene and Mrs. Dierker say that this has been done with your approval. Is there some reason why you wish the Offner set so that fast frequencies are lost? I would like to change the time constants so that some of the fast frequencies will appear in the Offner records as well, but will not do so until I hear from you.

I had some wonderful meetings with Harry and Sam. The Ditrans study has progressed very well and they have an excellent clinical paper. Don has done a good job on the statistics. We agreed that they would prepare two reports, one of the clinical material in which the EEG would appear simply as a summary; and a second report in which the Ditrans and Thorazine combination would be discussed at length. A third report, on the EEG and behavioral relationships will await your return. In large measure, this is because we will have to undertake a detailed quantitative analysis of the Ditrans records and I know no good way of doing this except by a visual analysis using your quantitative schema. While Harry will already have gone to England, I believe we should be able to write that report this Fall. I would like to send in an abstract to the American Psychiatric Association similar to the one you read at C.I.N.P. Since it has to be in before October 1, I shall assume that I have your concurrence in sending in an abstract of this nature.

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Jim has carried out some of the biochemical studies in spinal fluid and I have a summary of your observations on my desk. I hope to go over these with him as soon as I have a chance. In the meantime, he has come to me with an inquiry as to whether he can assume responsibility for the biochemistry laboratory; and whether we can support or are interested in a biochemical program about the catechol amines. I told him that this was difficult since we had neither the funds nor the stature in the research world to study this type of neurohumor, but recommended strongly that he participate in our studies of cholinergic mechanisms. He has demurred, stating that his participation in such a program would be of secondary interest to him. After all, such a program would be largely ours and not his, and he has to make his mark in the world. I accepted his comments but indicated that it was not proper for us to assign the responsibility for the biochemistry laboratory to him since we were anxious to have a biochemist, primarily of a collaborating scientist. He has agreed, however, that the spinal fluid studies which you and he are undertaking should be continued, and more important, that he would be pleased to carry out additional spinal fluid studies in patients receiving psychotropic drugs. With this in mind, and to broaden the combined drug study program, I wonder if you would agree to the following associated study for Mike Holden? If we were to collect the spinal fluid of patients on the combined drug study during their free period and again at various times when they receive one or two drugs, and measured the spinal fluid for cells, protein, the qualitative distribution of proteins, transaminase, cholinesterase, and any additional enzymes that we may be able to measure in our laboratory - this would be a good supporting study for determining if spinal fluid changes markedly during drug administration. What do you think?

I hope you, Ellen and Kurt have a wonderful vacation. Please give my regards to our many friends in Istanbul. Ali sends his regards, and the whole staff misses you.

Sincerely yours,

Max Fink, M. D.
Director

MF/jb