

November 21, 1985

Fred H. Frankel, M.B.Ch.B., D.P.M.
Department of Psychiatry
Beth Israel Hospital
330 Brookline Avenue
Boston, MA 02215

Dear Fred,

Your question regarding the two available brief-pulse ECT instruments is timely. The MECTA Corporation has developed four new models, three as computer based modifications of their Model D, and a fourth smaller and simpler version without EEG monitoring. Somatics Inc. has developed one new instrument, the Thymatron.

To obtain a review of these instruments, I commissioned Helen Pettinati and her associates at the Carrier Clinic to do an "Instrument Review", in the fashion of a book review or a Consumer's Report for CONVULSIVE THERAPY. The review was requested in May; and she delivered it to me this past week-end. It will be published in the March, 1986 number of CONVULSIVE THERAPY.

They find the two instruments comparable, although they give some extra plus marks for the Thymatron. I agreed not to make the review available until it is published, but Helen will share her conclusions with you, if you direct a question to her. (Helen Pettinati, Ph.D., Carrier Clinic, Belle Mead, NJ 08502).

Our own experience is limited to the Thymatron, which we have had since March. We find its use easy and the delivery of currents reliable. The instrument has a single control for selecting current characteristics. There is an auditory EEG monitor, which is simple and effective, although the chirping and warbling rhythm has made some listeners uncomfortable (like the beeper warning on a car). Yet it is an effective index to a seizure and to seizure duration. The manual was written by Richard Abrams, and it has useful information for a user, especially for one with limited experience with the role of different currents and electrode placements.

We have not had the new MECTA instruments for use, although one is on order and should be delivered in December. I have seen them demonstrated, however, at two shows (in Dallas and Philadelphia). The new models overcome some of the objections to the earlier model, in that the upper range of energy is more suitable to our practice, and its use should be associated with fewer missed

seizures than the earlier model. The printed numeric record of stimulus parameters is probably a useful record of the patient's treatment. The paper recorded EEG is useful for researchers (although its quality is not much better than the earlier version, so serious researchers like Weiner, Sackeim, and I will continue to depend on recorders with better resolution for serious research work).

In pricing, the Thymatron is less expensive than the upper range MECTA models.

Treatments at Stony Brook are given by a senior Fellow and the residents, under my supervision. They have three instruments available (Thymatron, MECTA-D, Medcraft) and they preferentially use the Thymatron. Perhaps because it is the newest.

I am unable to give a categorical recommendation since I have not had the opportunity to personally assess the new MECTA models. Ask Helen for her experience, since it is based on a direct experience with the new models.

The fourth number of CONVULSIVE THERAPY will be shipped in the first week in December; I am working on the March, 1986 number. Would you believe that a whole year has gone by since we began this exercise?

Good luck in developing your unit. If there is anything else I can do, let me know.

My best regards.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

P.S. I am working on two videotapes on ECT. One is designed as an explanation for patients and their families, intended to facilitate the consent process. The second is designed as a teaching tape for resident psychiatrists. Both will be marketed by Somatics Inc., and will be announced in January. Look for them; they may be useful.