

October 24, 1967

Dr. Alexander M. Don
Suite 617, Pan Africa House
Johannesburg, South Africa

Dear Andy,

I have had a chance to go over the TTR data with WY-3263. I do not know this drug and so, cannot make any comment regarding the drug influence. It may be, that the central effects were quite small, and that this may be related to the failure to see changes in language. As you know, our major difficulty is in providing an independent measure of the changes in central chemistry. In many of our studies, behavioral change can be induced without a concomitant change in brain chemistry or in EEG criteria. Nevertheless, your data is interesting and I am encouraged that you have continued these studies.

Of course, we will be pleased to have you visit with us after the APA meetings in Boston. I would prefer your visit to be after the meetings since I anticipate being quite busy just before as we are planning to put up a demonstration of our EEG - computer techniques.

There are few major centers that I would suggest you visit once you come to this country and these are Nathan Kline at Rockland State Hospital in Orangeburg, New York; Arthur Sugarman at the New Jersey Neuro-Psychiatric Institute in Skillman, New Jersey; Donald Gallant at Tulane University in New Orleans, Louisiana; and, of course, the Missouri Institute of Psychiatry. Turan has continued the psychopharmacology program there and I am very pleased with the results which he has produced. I do not know of any major center on the West Coast, other than that of Dr. Hollister in Palo Alto, or Sidney Cohen in Los Angeles. The first is interested in secondary effects of new drugs and the second in LSD.

With regard to your study of Stelazine and Triperidol, we are able to translate the rating scales provided they have been done carefully and, if there are sufficient samples to provide us with a measure of the average and variability for each patient prior to drug treatment. In these analyses, we continued to use the model of change from the pre-treatment behavioral scores. Please tell me what shape your data is in and the number of ratings per patient at different times of the treatment program.

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Our psychopharmacological studies continue to go well with much emphasis on cyclazocine as an antidepressant and a new anti-narcotic, Naloxone, in the treatment of addicts. This group of anti-narcotics is both interesting and rewarding.

I look forward to having you visit with us. My best regards.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

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