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Dear Mickey,

In my role as searcher for new compounds that may be useful, I came across the data file on an orally active testosterone. Mindful of your findings at Metropolitan Hospital, I thought that there were two bases for an interest-- the possibility that the compound could have antipsychotic activity in its own right (particularly in therapy resistant psychotic patients), either alone or synergistically with an antipsychotic drug; or, as the analog of the high dose estrone studies which have been reported by Klaiber in Worcester State as successful in therapy resistant depressed women.

I would appreciate your reading the enclosed file. Are you interested (or stimulated) to follow up your earlier findings at Metropolitan Hospital? What do you think is the likelihood of success for the effects of testosterone as a psychotropic agent?

During the next few months, I will file an IND and try to find an EEG profile for the compound. It should be possible to carry out clinical trials in psychotic patients under the same IND.

A few weeks ago, I received a few anxious calls from NY PI. They anticipated a site visit on their large application to examine the effects of lactate on anxiety. From their questions (I have not seen the application) it sounded like they were replicating your earlier application and study.

I've almost completed all my ECT assignments. The book is in press. I have had to defend the treatment for a number of books and journals, and almost see the end of the work. It is time to get back to science and maybe EEG. I am setting up some studies of GK 78 (de Wied's latest peptide fragment) but the possibility of a testosterone study intrigues me even more.

One last comment. You will probably hear that your assistant, Almy had a rough time before the VA merit review board. If you plan another application, why not send it to me before it goes to the committee? Come and visit when you are in New York.