June 29, 1967

Dr. Stanley Yolles, Director
National Institutes of Mental Health
Bethesda, Maryland

Dear Dr. Yolles:

The New York Times report this morning of "A drug more potent than LSD" was of special interest to me because the data presented makes it very likely that STP is one of the piperidyl-benzilates, probably JB-329 (Ditran), JB-318 or JB-336. These compounds have been studied for more than a decade and have been produced by Lakeside Laboratories in Milwaukee.

The principal reason for concluding that these compounds may be of this class is the clinical description that the subjects experience a state characterized by mania, excitement, confusion and hallucinations, persisting for days; and that they exhibit dilated pupils, rapid pulse, dry mouth and blurred vision. The most critical statement in the New York Times is the exaggeration of the psychotic state by chlorpromazine.

In studies both at Hillside Hospital and at the Missouri Institute of Psychiatry, I have been interested in the EEG effects of a wide variety of hallucinogens. For some years, my associates and I have jokingly indicated that when the piperidyl-benzilates hit the streets, they would be found to be much more potent and much more dangerous than LSD, DMT and other sympathomimetics. The differences between the anti-cholinergic hallucinogens and the sympathomimetics are clearly defined by EEG and behavioral criteria. I am taking the liberty of enclosing two reports - one from 1960 and one from 1967 - which describe the essential parts of these studies.

For practical purposes, the most important fact is that an experimental compound, tetrohydroaminacrin (THA) is a very potent antagonist modifying the clinical symptoms induced by these compounds to 80 - 90% of the psychotomimetics activity.

THA is available for experimental studies from the Lakeside Laboratories, and I have a supply which has been available to me under an IND filed about two years ago.

We have alerted our staff to the possibility that patients may come in with acute psychotic episodes exogenously produced and will try to modify these states by THA. Perhaps, if a supply of STP could be made available to us we would try to find volunteers and determine specifically whether STP is of the same class as the piperidyl-benzilates and if, indeed, the psychotic state is responsive to THA.

Incidentally these studies have been supported largely by the Psychopharmacology Study Center of NIMH under a variety of study grants.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

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