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April 27, 1972

Dr. J. M. Dille, M.D.  
Department of Pharmacology  
University of Washington  
Seattle, Washington 98105

Dear Dr. Dille,

Thank you for the invitation to participate in the symposium on anorexigenic agents on May 19 at the Americana Hotel in New York. I look forward to the session, and thank you for inviting my wife as well. She will not be able to attend, but I will appreciate reservations at the hotel-- it will save my commuting for the sessions.

An abstract of my presentation is attached.

I graduated the New York University College of Medicine in 1945; went through the usual residency training programs to become certified in neurology (1952), psychiatry (1954) and psychoanalysis (1953). I have had numerous positions including Director, Missouri Institute of Psychiatry and Research Professor, Washington University School of Medicine (St. Louis), 1962-66; Professor of Psychiatry and Director, Division of Biological Psychiatry, New York Medical College, 1966-. My principal interests are in quantitative EEG and clinical psychopharmacology; computer applications to psychiatry; ECT and other biological therapies; and recently, narcotic abuse with special emphasis on narcotic antagonists and cannabis.

I look forward to meeting you in New York, and in participating in the panel.

Sincerely yours,

Max Fink, M.D.  
Professor of Psychiatry

April 27, 1972

Panel Discussion: Should the Physician Retain the Option of the Use of Anorexigenic Agents ?

Max Fink, M.D. New York Medical College

Much therapy results from the interaction of drug specific aspects and such non-specific factors as doctor-patient attitudes, expectations of both, and the experience of the physician with the available therapies.

Anorexic agents differ in secondary effects, some of which are not initially obvious: amphetamine and methamphetamine elicits stimulation, insomnia, and irritability; while fenfluramine excites a sedative response. Both agents should be available to the physician who must decide on the best therapy for his patient.

Limiting the physicians therapy with anorexic agents is but one instance of limitations that fail to serve patients: in other fields, other applications could also be interdicted that have been found useful. The narcotic antagonist, cyclazocine was found to be a successful antidepressant; imipramine was found to be an antidepressant; high dose fluphenazine was found to be antipsychotic-- these are a few examples of useful applications that could have been restricted by inexperienced committees.

Physicians should be allowed to give any of the available therapies, using published guidelines as suggestions, but not as restrictions; but this freedom should carry with it a willingness to accept a responsibility for his actions, including unheralded side-effects and their consequences.