

April 5, 1969

Dear Leo,

I have just read your review of the clinical status of psychotherapeutic drugs in Clinical Pharmacology and Therapeutics with great interest and wish to congratulate you on writing an eminently readable and useful report. I would appreciate a reprint when these are available, but will probably xerox the report for the students, since most of the opinions are similar to those which I have presented and hold.

There are a few comments that I would like to share with you. Recently, with regard to the anti-anxiety drugs, we reviewed our clinical records and found that the results observed for chlordiazepoxide were very good during the early weeks of treatment, but the response became progressively less in time. We examined the data for the possible development of tolerance and in some recent cases we have achieved better results by interrupting treatment at frequent intervals. In our studies of high dose tybamate in the treatment of opiate addiction, we were astonished at the rapid rate which the patients developed tolerance to the depressive and sedating effects of the dosages we used ($t\dot{a}$ 12 Gms.).

In the notes on the treatment of psychosis, why was no mention made of the possible utility of long-acting fluphenazine ?

Your choice of thioridazine as one of the drugs to be included in one's armamentarium shows how brave you really are, for the EKG changes which we found so prominent have been sufficient to deter me from recommending it for just such purposes.

Again, my congratulations on a review well done.

Sincerely yours,

Max Fink, M.D.