

November 27, 1964

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Dear Fini:

Yesterday, I had the most pleasant experience, for Dr. Sarnoff Mednick came to St. Louis and called me before his talk at St. Louis University. It was a great pleasure to talk to him and even more so, to attend his lecture last evening. He presented your study in considerable detail. His report was received well by the large audience of students. The background for the program, the decision to do such a study in Copenhagen, the selection of psychophysiological variables, the control group and many other aspects were described well and gave us the feeling of a well designed and well thought-out study.

My own reaction were two-fold. I was impressed by the program and looked forward to the findings. I am somewhat dubious that the psychophysiological measures selected are the best measures of brain function. The theory that Dr. Mednick projected and my own understanding of the possible genetic theories of schizophrenia lead me to think that alternately you are assessing a measure of brain function, and if so, GRS, heart rate and respiratory rate are but distant and possibly unsatisfactory reflections of brain function. After the meeting I asked why you had not included some other measures such as perceptual tasks, EEG, or careful tests of memory function. Dr. Mednick answered that these are being considered and will probably be included in the next phase. If there is anything that I can do to help you in the selection of variables, I would be pleased to do so.

The other feeling that Dr. Mednick projected was one of great therapeutic nihilism. At the beginning of his talk, often in the middle and accentuated markedly at the end were statements reflecting his feelings that there is no treatment for the severe mentally ill and that the only hope is in prevention. Perhaps he is right. However, the audience was one of many young students and while I hope that he is right and

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that these and many others will go into a research career to find the causes of the illness, there still seems to be a need and an important one to care for these mentally ill and to try, as best as we can, to ameliorate their symptoms. Our own studies in the treatment of chronic schizophrenics have given me a feeling of limited optimism that we can help some of them with the treatments available to us today.

The impression that he left was so strong, that a number of the students did ask about the possibilities of treating your population at the present time. Dr. Mednick laughed and said that the present group, while they anticipated would include 40 schizophrenics, would not be tampered with but that you were planning that as soon as the criteria were clear, that you would look for other young people and try various treatment measures. Dr. Mednick indicated that he had no idea which measures should be tried but did speak somewhat optimistically of a combination of drug and learning therapies.

Equally interesting was his description of another genetic study that you are undertaking with Dr. Kety. This may do much to clarify the genetic and the social factors in early schizophrenia. Good luck on both your studies.

Dr. Mednick indicated that he will probably be back in Copenhagen in the late spring, and I do hope that your project will permit you to come to this country soon.

My best regards to your family and my best wishes for the new year.

Sincerely yours,

Max Fink, M.D.
Director

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