

April 28, 1969

Dr. Walter Modell, Editor
Clinical Pharmacology and Therapeutics
Cornell University Medical College
1300 York Avenue
New York, New York 10021

Dear Dr. Modell:

Many thanks for the careful review and criticism of our report "Clinical Antidepressant Activity of Cyclazocine - A Narcotic Antagonist". We have adopted the specific suggestions, which have materially improved the presentation.

It is difficult to respond to comments of redundancy and our inadequacy. Redundancy has been reduced, but we are reporting the observations in two studies, with different populations, dosages, rating scales and personnel. For accuracy, we believe it necessary to report what we know and did. Any additional suggestions would be appreciated.

Our inadequacies are well known to us. Cyclazocine is useful in treating opiate addiction, an illness with limited economic interest to the pharmaceutical industry. We suggested trials as an antidepressant based on our EEG criteria. They were met with indifference by the representatives of Sterling-Winthrop. Our initial trial was interesting to us but to no one else at NIMH or Sterling-Winthrop. Recently, Schiele and Abuzzahab have undertaken a similar study.

We carried out a second trial in a mental health clinic. Such OPD studies were new to me, and we found the drop-out rate high. At first we thought this related to cyclazocine, but we found similar drop-out rates with other drugs and populations in the same clinic.

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The pilot study data, reported here, was sufficiently interesting for us to propose a direct, random assignment study against imipramine. But we could not support this study, and while we vacillated, the IND was withdrawn by Sterling-Winthrop. To carry out a definitive study, would require our own IND, new funds, etc.

But, we believe cyclazocine to be as active an antidepressant as imipramine. Should this not be reported - somewhere, somehow?

Incidentally, the naloxone studies have been re-instituted (in part because of the report published in CPT) and the pilot studies now include single daily dosages to 1500 mgm with antagonistic activity observed to 18 hours against 50 mg intravenous heroin.

I do not know if CPT is still interested in the cyclazocine observations. It is enclosed - without prejudice, if unacceptable.

Thank you for your consideration and patience.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

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