

February 1, 1986

Michael Miller, M.D.
Apt 8E
515 West 110 Street
New York City 10025

Dear Michael,

The enclosed report is quite good. A larger sample, or more observations per patient would have provided definitive data for the profession. As it is, the report supports the continued use of atropine for ECT in the patients with clear evidence of cardiovascular disease.

1. If you wish to have the article considered by CONVULSIVE THERAPY, then the citation style should be that of Raven Press. A copy of the guidelines to authors is enclosed. In general, we have found that the citation style we use is best in the preparation of a manuscript. As you have already discovered, the numeric style is difficult to alter by addition or subtraction of a citation; and it is difficult to find citations, especially in articles with long citation lists.

2. Pg 4: Note the discrepancy in your use of 0.8 mg atropine and the stated recommendation of the APA of 0.4 mg. Explain or leave the APA guide out.

3. Pg 7: The section on the criteria for cardiac arrhythmia is a bit muddled. If your article is intended for a psychiatric audience, this paragraph needs clarification.

4. Pg. 9: THIS section is quite muddled. Read it to a non-physician, and if it can be clearly understood, then you have hit the right level of complexity.

5. Pg 10: Same as 4 above.

6. Page 11: All of this paragraph can be safely forgotten, as can most of the next.

7. The alternate anticholinergic treatment is glycopyrrolate; there is a literature for this use, and it should be included in your discussion. See reference list.

Since your findings seem to differ for the two medically identified groups of patients, cardiovascular disease and none, why not present your data in this framework? Also, if you can arrive at a recommendation for the usage of atropine, you should do so, clearly.

Thank you for the opportunity to read this report.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry