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Treatment of Chronic Schizophrenia with Oral Hypoglycemic Agents

I have read the protocol submitted by Dr. Messinger and his co-workers, and would approve the mission. There is a theoretical objection to this study, since insulin coma therapy has been found to be thoroughly ineffective in the treatment of schizophrenia. Hypoglycemia may not alter cerebral activity until levels lower than 30 mg% have been achieved for extended periods. For both these reasons, I would assume that the treatment proposed is essentially a placebo therapy with small additional risk.

However, the risks are small, even acknowledging the cardiovascular risk assessed by Dr. Fritts. If we acknowledge that the therapeutic effect of enthusiasm of the observer and systematic observations may be mobilized for the treatment of some patients, I do recommend approval of this project because I believe that Dr. Messinger will be stimulated by his enthusiasm and we can anticipate some discharges from the hospital using this regimen. I would be less sanguine about their finding meaningful scientific data.

MF:ed