

November 12, 1970

Dr. Allen Raskin  
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Dear Allen,

Thank you for the opportunity to read your report on depression subtypes. Taken together with Jonathan's heroic effort to be optimistic about the variety of new studies, your study indicates clearly that the present antidepressant drugs are an unsatisfactory answer to depressive illness. In part, this was presaged when, in reviewing the neurophysiology of different psychoactive drug groups for the ACNP in 1968, I found four drug classes with four different neurophysiology patterns - a reflection that no one treatment was satisfactory.

The reawakened interest in 1966-67 in unilateral electrode placement and in multiple treatments in convulsive therapy led me to reppen my studies of ECT, and we have made some interesting observations. It is possible to effectively treat depressive patients (of any age) within 3-5 days, without measurable or clinical memory loss. Such rapid treatment is made possible by changes in electrode placement, oxygenation and rate of seizure induction.

It is apparent that ECT is the primary treatment for a depressive state, and that drug treatments may be most useful as adjuvants and maintenance regimens.

Imipramine - ECT comparisons are probably useful in delineating the relative dosages of each, and the combinations most suitable for each depression subtype. This "radical" view has much to commend it, despite the initial startle reaction it may excite. The specific questions needing answers are two:

(1) For each of the 3 depressive subtypes, (neurotic, psychotic, schizophrenia), is ECT equally useful?

(2) To what extent is a supplementary drug therapy necessary for each subtype; and which "antidepressant" drug is most useful?

A direct comparison of ECT and imipramine should confirm the superiority of imipramine, as the Greenblatt-Grosser and Shepherd-NRC studies showed. (There are 5 other studies quoted by Klein and Davis showing ECT equal or better than imipramine.) Perhaps, the typology and predictor approach is more useful now.

We have tried to confirm the Carney, the Hobson and the Mendels predictor scores in our recent ECT study and were unsuccessful.

Enclosed is our latest report as sent to the Archives. I know many of the active ECT workers, and I look forward to discussing this work with you in Puerto Rico.

Again, thanks for the preprint.

Sincerely yours,

Max Fink, M.D.  
Professor of Psychiatry

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