F. letters

February 6, 1975

Mr. W. McQuade, Senior Editor
Fortune Magazine
1271 Avenue of Americas
New York, New York

Dear Mr. McQuade:

The death by suicide of Mr. Black of United Brands earlier this week set me to wondering whether he had been depressed; if ill, if he had sought treatment; and then, to musing that even if he had seen a psychiatrist, it was unlikely that he would have received the treatment most effective for depression - convulsive therapy - because of the many professional and lay misconceptions of this treatment. Among reasons for its lack of use are misconceptions about mental illness, the pejorative name, 'shock therapy', and the bad press, exemplified by a devastating article published by the *New Yorker* this summer.

Perhaps this is the time for *Fortune*, as a follow-up of the article on psychiatry, to assess some of the recent data on depression -- its genetic components, relations to alcoholism, modification by drugs, maintenance therapies, and the role and mechanism of action of convulsive therapies.

Should there be a story here, I would be glad to get you or one of your writers started. It has been a subject of research interest for me since 1952, and I can provide the relevant literature and contacts.

However, there is another story of more direct interest to the readers of *Fortune*, particularly those involved with drug development that could be examined. For two decades, I and others have quantitatively measured the electrical activity of the brain (the EEG), and used these methods to predict the clinical application of new drugs in the treatment of the mentally ill. These methods are based on digital computer analytic methods (we use IBM, others use DEC equipment). They have been developed so that specific applications are now being made.

Most of the established psychotropic drugs have been classified into nine major classes, based not on their chemical structure, but on their EEG effects in man. Using this classification, putative psychoactive compounds have been examined and for a number, where their EEG classification clearly fit one of the pigeonholes, a prediction has been made for their clinical application. These methods have been successful in defining clinical uses for doxepin, cyclazocine, mianserin, cyproheptadine, and a number of other numbered compounds.

The technic has also been applied to define bioavailability and neurophysiologic equivalence of different drug formulations - issues that are of special importance to the drug regulatory authorities, and to industrial pharmacologists.

Lately, in applied studies relating blood levels and EEG measures, we have applied pharmacokinetic principles to the EEG measures and defined the half-life, peak effect and volume distribution of substances as they affect the brain -- another important issue for regulatory authorities and industry.

These methods have also been applied to other research topics -- study of the active principle of cannabis in naive and chronic cannabis users; the interaction of opiates and their antagonists; the study of alcohol antagonists; and to examine brain function in convulsive therapy and in psychiatric patients who have failed to respond to the expected treatment where EEG measures provide the basis to specify an alternate treatment.

Perhaps this issue is of more interest to your readers -- it is surely of greater personal interest to me. I would be pleased to meet to discuss either or both these ideas. Hopefully, the talents of the writers of *Fortune* could be put to a broader understanding of these scientific and socially relevant problems.

My best to your family.

Sincerely yours,

Max Fink, M. D.
Professor of Psychiatry

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