

July 29, 1966

Dr. Daniel Silverman
269 South 19th Street
Philadelphia 3, Pennsylvania

Dear Dan,

When Eli called me to discuss a symposium on the effects of centrally active drugs on the EEG I was delighted because I feel that this is an important complicating aspect of clinical electroencephalography. As I read your notes, I believe that the participants you have selected are admirable for their missions, and I am pleased to prepare a discussion of psychotropic drugs. If possible, it would be helpful to define the agents included in psychotropic drugs, addicting drugs, and commonly used drugs so that overlapping can be minimized. I believe that I would like to cover reserpine, phenothiazines and other antipsychotic drugs; imipramine, MAO-inhibitors and the antidepressants; and such hallucinogens as LSD, Mescaline and marijuana.

I believe Ernst or Abe should cover the barbiturates and and I would hope that Ernst would include amphetamines, caffeine, anorexigenics, as well as sedatives and anticonvulsives.

You suggested you would cover diazepam, and I would be pleased to forego a discussion of the "mild" tranquilizers such as meprobamate and Librium. If either you or Ernst would be prepared to cover them.

A thirty minute presentation should be more than adequate and I would hope that if the presentations were encouraged to be shorter there may be greater opportunity for discussions from the floor.

My specific comments will be to describe the general effects of psychotropic drugs when administered chronically, our experiences during periods of withdrawal, and the differences and similarities between acute single dose administration and chronic administration. I would hope to emphasize the usual changes in the EEG patterns suggesting that while each compound has a specific spectrum of activity, its cerebral expression is dependent on the dose, duration of

July 29, 1966

administration and pre-existing resting EEG. Since we rarely have this last component in clinical practice, I would like to make some suggestions as to our procedures in order to clarify the effects of psychotropic drugs in those instances in which we are looking for underlying pathology.

I have no objection to having my comments taped but would like very much to be given the opportunity to edit them if Eli has any desire to either publish or make the comments more generally available. This request is based on the fact that I would prefer not to read a manuscript in a didactic type session and may, therefore, be somewhat repetitive or use incomplete sentences for emphasis.

Incidentally, I can best be reached at my new address at the Department of Psychiatry, New York Medical College, 5 East 102nd Street, New York, New York 10029. I will be on vacation until August 24, but will be glad to contact you then if there are any questions.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

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