Thomas A. Ban: Neuropsychopharmacology in Historical Perspective Collated 28

Profiles of clinicians and researchers who were instrumental for the birth and/or contributed to the development of neuropsychopharmacology

Edmundo Fischer, W. Horsley Gantt, Turan M. Itil, Hitoshi Itoh and Paul Kielholz

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Edmundo Fischer by Edith Serfaty

Edmundo Fischer was born in Budapest in 1904 and received his M.D. in 1929 from the University of Pecs. He began his professional career as a neurologist and psychiatrist in his native country, but left Hungary in 1938, via Mexico and Chile, to settle in Argentina in 1950.

With the introduction of the first therapeutically effective psychotropic drugs in the treatment of mental illness, Fischer's interest turned to psychopharmacology and in 1960 he became founding director of the Laboratory of Experimental Psychiatry at Borda Hospital in Buenos Aires. Three years later, in 1963, he was instrumental in founding the Argentine Society of Psychopharmacology; and in 1965 he published *Psicofarmacologia*, co-authored by G. Poch and Ronaldo Ucha Udabe, one of the first textbooks in the field.

Stimulated by Fabing's observations in the mid-1950s on bufotenin's psychomimetic effects, Fischer became involved in measuring tryptamine metabolites in urine and reported on significantly higher urinary concentration of bufotenin-like substances in schizophrenia than in normal subjects. His findings fueled the ongoing controversy in the 1960s and early 1970s on the role of dimethylated psychotoxic tryptamine metabolites in the pathogenesis of schizophrenia.

Pursuing research with the employment of biochemical measures in different diagnostic groups of psychiatric patients, Fischer found decreased urinary elimination of phenylethylamine (PEA) in "endogenous depression." Subsequently, after demonstrating that PEA antagonized reserpine effects in pretreated rats, Fischer was among the first, in the early 1970s, to explore the possible use of phenylalanine, the precursor of PEA, in the treatment of depression.

In 1974 Fischer played a role in the founding the World Federation of Societies in Biological Psychiatry. He died in Buenos Aires one year later, in 1975, at age 71.

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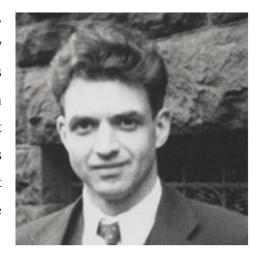
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August 1, 2013

W. Horsley Gantt by Thomas A. Ban

Horsley Gantt was born in 1893 in Wingina, Virginia and received his M.D. in 1920 from the University of Virginia at Charlottesville. Gantt began with his professional career at the University of Maryland in Baltimore studying "liver pathology," but his interest shifted after serving for a year, from 1922 to 1923, as Medical Chief of the Petrograd (now Saint Petersburg) Unit of the American Relief Administration in Russia, at the time the Union of Soviet Socialists Republics.



In 1924 Gantt joined Ivan Petrovich Pavlov and for five years he conducted research in conditioning at his Institute of Experimental Medicine. After returning to the United States he continued his research in conditioning from 1930 to 1958, as Director of the Pavlovian Laboratory, The Johns Hopkins University School of Medicine and, subsequently, from 1959 to 1980, as Senior Scientist in the Pavlovian Research Laboratory of the Veterans Administration Hospital, at Perry Point, Maryland. He conducted his research primarily in animals, but also in man, including patients with mental pathology. He held appointments during the corresponding periods in the departments of psychiatry at Johns Hopkins and at the University of Baltimore.

Gantt began his research in psychopharmacology in the mid-1930s. Over a period of 40 years he was involved, first in studying "drug effects on conditional and unconditional reflexes" in general, then in studying the differential effects of drugs on "autonomic and somatic conditioned reflexes" and ultimately in the study of "conditioning of drug effects." His findings with alcohol, acetylcholine, adrenaline, amphetamine, caffeine, chlorpromazine and reserpine, in the first set of studies, were supportive of Pavlov and his associates' reports that drug effects were dependent on the "temperamental type" of animals. In the course of these studies he showed that acetylcholine improved conditional reflexes more in "neurotic" than in "normal" dogs, whereas adrenaline was less disruptive in "normal" than in "neurotic" animals. In the second set of studies Gantt and his associates revealed that some drugs, for example chlorpromazine, reserpine and 5-hydroxytryptophan, influenced motor and cardiac conditional reflexes to the same degree, whereas others, for example mescaline, meprobamate and metrazol, affected autonomic conditional

reflexes preferentially, and others again, for example, morphine, had a preferential effect on motor conditional reflexes. Finally, in the third set of studies, Gantt and his associates demonstrated that there was conditioning only to the central effect, but not to the peripheral effect of drugs. Thus, cardiac conditional reflexes could be formed to the central effect of bulbocapnin, but not to the peripheral effect of acetylcholine.

Gantt's studies stimulated interest in "Pavlovian" research, leading to the founding of the Pavlovian Society of North America in 1955 and to the Collegium Internationale Activitatis Nervosae Superioris about 10 years later. Gantt was founding President in both of these societies.

Horsley Gantt died, in 1980, at age 83.

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August 1, 2013

Turan M. Itil by Antonio Egidio Nardi

Turan Itil was born in Bursa, Turkey, in August 12, 1924. He received his MD from the Medical College, University of Istanbul, in 1948 and completed his training in neurology and psychiatry in the early 1950s at the University of Tübingen in Germany. Subsequently, he joined Fritz Flügel's Department of Neuropsychiatry in Erlangen, Germany (Itil 1998, 2011).

Itil became involved in studying clinical and electroencephalographic changes with centrally acting drugs in collaboration with Dieter Bente in the mid-1950s. It was in the course of their first study, in which they tested the therapeutic effect of promethazine on phantom pain, that he learned that drugs which affect human behavior also produce effects on the human electroencephalogram (EEG) (Bente and Itil 1954; Itil 1998). Pursuing further the same line of research, they reported on the clinical and electroencephalographic effects of chlorpromazine in 1954 and of reserpine, methamphetamine and lysergic acid diethylamide in 1957 (Bente and Itil 1954, 1957a,b). In 1957, at the First CINP Congress in Rome, Bente and Itil (1959) reported on the differences in chlorpromazine-induced and natural sleep; and in 1960, at the Second CINP Congress in Basel, Antonio Efidio Nardime, Flügel, Bente, Itil and Molitoris reported their findings with acylated piperazine phenothiazines that was allegedly instrumental in the clinical development of butaperazine (Bente and Itil 1959; Flügel, Bente, Itil and Molitoris 1961). It was also in 1961 that Itil published first on the differential effects of neuroleptics and thymoleptics on the EEG.

In 1963 Itil joined Max Fink at the Missouri Institute of Psychiatry where they developed a digital computer analysis of the human EEG that they referred to as quantitative EEG, or pharmaco-EEG (Fink, Itil and Shapiro 1967); and he set up a laboratory for the screening, early clinical evaluation and monitoring psychotropic effects (Fink, Shapiro, Hickman and Itil 1968; Itil 1966, 1968; Itil, Shapiro and Fink 1968). It was in this laboratory in the mid-1960s that he found that the pentothal-induced change in the EEG could be used as a prognostic index in drug therapy of psychotic patients (Itil 1965); and demonstrated, in collaboration with Samuel Gershon and Max Fink that tetrahydroamino acridine could reverse not only the delirium, but also the EEG changes associated with delirium induced by anticholinergic drugs (Itil 1966; Itil and Fink 1966). It was also in this laboratory, in collaboration with Polvin and Hsu, that he revealed that Org GB 94 (mianserin), a tetracyclic substance, has antidepressant properties (Itil, Polvin and Hsu 1972). In

1974 Itil moved from the University of Missouri to the New York Medical College and established, in Terrytown, HZI Research Center Laboratory for using pharmaco-EEG in the identification of psychoactive properties of drugs and in the prediction of their therapeutic activity, i.e., whether they had characteristics of antipsychotics, antidepressants, cognitive enhancers or axiolytics (Itil 1972). Among the early drugs studied at the center were lisuride, an antiparkinson drug related to dopaminergic ergoline compounds, and mestrolone, a synthetic androgen preparation (Itil, Herrmann and Akpinar 1978a; Itil, Herrmann, Blasucci and Freedman 1978b); and among the last was gingko biloba, a plant extract with central nervous system effects, he reported on in 1996 (Itil, Eralp, Tsambis, Itil and Stein 1996).

In the late 1990s, Itil moved back to Turkey and died in Mersin, Turkey, April 29, 2014, at age 89.

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Hitoshi Itoh by Hajime Kazamatsuri

Hitoshi Itoh was born in Yokohama, Japan, on September 21, 1925. He received his medical degree from the Ciba University School of Medicine in 1950. After graduation from medical school he spent five years at the Institute of Infectious Disease Research, Tokyo University, and worked for about five years in immunology and neurochemistry. Subsequently, he began with his training in psychiatry at the Keio University Hospital in Tokyo in 1955.

Itoh was appointed associate professor of psychiatry at the Keio University School of Medicine in 1973 and became Director of the Psychopharmacology Research Group. He translated many European and American books related to neuropsychopharmacology into Japanese and wrote many papers on topics related to the field (Itoh 1981; Itoh, Ichimaru, Kawakita et al. 1971; Itoh, Miura, Yagi et al. 1977; Itoh, Ohtsuka, Ogita et al. 1977; Itoh, Yagi, Fujii et al. 1984). He also edited several books on psychotropic drugs (Itoh and Miura 1973).

Itoh was councilor of the CINP from 1984-1988. He is regarded as one of the pioneers of clinical psychopharmacology in Japan.

Itoh died on April 30, 1985, at the age of 60.

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Paul Kielholz by Antonio Egidio Nardi

Paul Kielholz was born November 15, 1916, in Brugg, Switzerland, and received his MD in 1943 from the Faculty of Medicine, University of Zurich. In 1947 Kielholz joined John Eugen Staehelin's Department of Psychiatry at the University of Basel and 12 years later, in 1959, succeeded Staehelin as head of the Department and Director of the University Clinic. He remained in the same position until his retirement in 1985.

Kielholz began his research in the late 1940s by exploring the use of narcosis and muscle relaxants in electroconvulsive therapy (ECT) (Heuscher and Kielholz 1949; Kielholz and Heuscher 1949) and of the "perfusion method" in the treatment of "acute catatonia" (Kielholz 1949). In the early 1950s he extended his research to the study of "chronic morphinism" (Kielholz 1952). Then, in 1953, he co-authored with Staehelin the first paper on the therapeutic effect of chlorpromazine (CPZ) published outside of France (Staehelin and Kielholz 1953). Pursuing his research further with CPZ, in 1954 he reported on the therapeutic effects of the substance in depression, mania and drug (morphine and barbiturate) withdrawal (Kielholz 1954). The turning point in Kielholz's research was the publication of his report in 1958, with Raymond Battegay, in which they provided further substantiation of Roland Kuhn's (1957) discovery of the therapeutic effect of imipramine (IMI) in some depressed patients (Kielholz and Battegay 1958). Subsequently, he was a member of the team which, in 1961, recognized that desmethylimipramine (DMI) was an active metabolite of IMI and implicated the major role of DMI in IMI's antidepressant effect (Brodie, Dick, Kielholz, et al. 1961). In the early 1970s Kielholz was chairman of two influential symposia ("Depressive Illness" and "Masked Depression") which were instrumental in establishing the place of pharmacotherapy in the treatment of depression (Kielholz 1972, 1973). By the late 1970s there were several drugs available for the treatment of depression and in 1979 Kielholz was among the first to relate the pharmacological activity of these drugs to their therapeutic profile (Kielholz 1979). During the 1970s Kielholz was also involved in studying the effects of "pharmacotherapy of toxicomania" (Kielholz 1974); the effects of alcohol and other drugs on "driving behavior" (Kielholz and Hobl 1977); and in developing treatment strategies, e.g., intravenous administration of antidepressants, for therapy refractory depression (Kielholz, Terzani and Gastpar 1979). Exploring possible treatments for therapy of refractory depression dominated Kielholz's research during the 1980s (Kielholz 1986, 1990; Kielholz, Terzani, Gastpar et al. 1982).

Paul Kielholz died on May 25, 1990. He was 73 years old.

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