

Harvard Medical School

Department of Psychiatry



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March 16, 2004

Jay Amsterdam, M.D.
Depression Research Institute
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Dear Jay,

Reading your excellent chapter in the course of reviewing the Wolkowitz-Rothschild book on Psychoeuroendocrinology reminded me that you (or your co-author) might be our excellent service of advise regarding my current expanding project to try to clarify and document insulin coma therapy. I ran an IC Unit at Ft. Bragg Army Hospital in 1952-53 and pre-drugs, felt ICT was much better than standard care (in 1948-51) at Payne Whitney or ECT at Ft. Bragg.

1) Do you have Russian Psychiatric contacts? I understand that insulin coma never stopped in Russia and has been used side by side with neuroleptics and ECT for decades. Do you know anyone appropriate to ask about this issue? I have no Russian but I have access to a translator and some ex-Russian friends who are now psychiatrists.

2) Do you have any idea how insulin coma might work? I'm enclosing a copy of the VA Technical Bulletin I used to give ICT way back and a copy of the Fink paper on John Nash's prolonged but temporary recovery after ICT. I think the controlled comparative studies of ECT are flawed and if redone properly might come out differently. I hear Dr. Belmaker in Israel had been trying to originate such a trial.

I'm delighted that the Eldepryl patch seems likely to be prescribable soon.

With best regards,

A handwritten signature in black ink that reads 'Jonathan O. Cole M.D.'.

Jonathan O. Cole, M.D.