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COMMITTEE ON DRUG ADDICTION AND NARCOTICS

Minutes of Twenty-third Meeting

16 and 17 January 1961



National Academy of Sciences - National Research Council
Division of Medical Sciences
Washington 25, D. C.

NATIONAL ACADEMY OF SCIENCES - NATIONAL RESEARCH COUNCIL
Division of Medical Sciences

Committee on Drug Addiction and Narcotics

Minutes of Twenty-third Meeting - 16 and 17 January, 1961
New York, N. Y.

16 January - Open Session

Riverside Hospital, North Brother Island
New York, N. Y.

ATTENDANCE:

Committee:

Dr. Nathan B. Eddy, Chairman,
Drs. Raymond N. Bieter, Henry
Brill, Dale C. Cameron, Jonathan
O. Cole, Marshall Gates, Joseph
M. Hayman, Jr., Maurice H. Seevers,
Ralph G. Smith, and Isaac Starr.

Liaison:

Treasury Department:

Mr. Carl De Baggio, Chief
Counsel, Bureau of Narcotics

U.S. Public Health Service:

Addiction Research Center: Dr. H. F. Fraser

National Institutes of Health: Dr. Carl L. Anderson,

Dr. Everette L. May, Chief, Sec-
tion on Medicinal Chemistry,
NIAMD.

Office of the Surgeon General: Dr. Harris Isbell, Chief,
Addiction Research Center, NIMH.

Veterans Administration:

Drs. J. F. Casey, Lyndon E. Lee,
Jr., and Cecil P. Peck.

National Narcotic Enforcement
Officers' Association:

Donald B. Ant, Joseph S. Cardino,
Joseph L. Cannizzaro, Joseph De
Ambrose, Sidney Joffe, Sam
Kirschenbaum, Frank A. La Porte,
W. A. Moschauer, Irving Power,
and Leonard J. Valero, Narcotic

National Narcotic Enforcement
Officers Association, cont.:

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Riverside Hospital Staff:

Bureau, State of New York
Health Department; Emanuel
Bund, New York, N. Y.; Daniel
A. Belmont, U.S. Bureau of
Narcotics, New York, N.Y.;
Arthur M. Grennan, New York
City Police Department; Robert
C. Grieb and Herman T. Reinsch,
Jr., Narcotics Control, Connecti-
cut State Department of Health;
William E. Hoag, Thomas A. Kenny,
and Maurice J. Nazareta, Newark
Police Department; Leonard J.
Iatesta, New York State Police;
John F. Kreppel, Queens County
Court Probation Officer, Long
Island City, N. Y.

Dr. Rafael R. Gamso, Medical
Superintendent, Drs. Milford
Blackwell, Takis Evdokas, Seymour
Gurchin, Vincent Ippolito, A.
Iwaniukowicz, Hyman Kachalsky,
Arthur Kaplan, Theodore Lanning,
Percy Mason, Charles Messeloff,
Robert Osmos, Emanuel Rubin and
Arnold Zucker; Joseph Argrett,
Roger Baretz, Eric D. Brown, Anna
B. Chase, Stanley Einstein, Aleathea
Griffin, Martha Herman, Ida
Jiggetts, Ferdinand Jones, Raya
Kowarsky, David Laskowitz, Lester
Lefkowitz, Ruth I. Mock, Kate L.
Trent, Arthur Stein, Janet Strong,
Samuel Waksman, Herbert Walcoe,
and Eric B. Weiss.

Guests:

Drs. Robert O. Bauer, U.C.L.A.
Medical Center, Los Angeles, Calif.

John J. Bellizzi, Chief, Narcotic
Control, New York State Health
Department, Albany, N.Y.

Dr. J. Weldon Bellville, Stanford
University, Palo Alto, Calif.

Guests - continued:

Dr. Hylan A. Bickerman and
Sylvia E. Itkin, Goldwater
Memorial Hospital, New York,
N.Y.

Drs. L.S. Bender, Herbert Waltzer
and Stanley W. Weitzner, Down-
state Medical Center, State
University of New York, Brooklyn,
N.Y.

Dr. Rose C. Boyer, New York
City Department of Correction.

Dr. Victor H. Breth, Metropoli-
tan Hospital, New York, N.Y.

Mr. Leon Brill, Demonstration
Center, U.S. Public Health
Service, New York, N.Y.

Drs. Leo J. Cass, Willem S. Frederik
and Franklin F. Snyder, Harvard
University, Boston, Mass.

Dr. McKeen Cattell, Cornell Univer-
sity Medical College, New York, N.Y.

Drs. Benjamin J. Ciliberti and Grete
Teutsch, Veterans Administration
Hospital, Bronx, N.Y.

Dr. D. H. Clouet, New York State
Psychiatric Institute, New York, N.Y.

Dr. Joseph Cochin, Hugh Jackson,
and Dr. M.E. Odoroff, National
Institutes of Health, Bethesda, Md.

Dr. Thomas J. De Kornfeld and
Sadeo Morikawa, Baltimore City
Hospital, Baltimore, Md.

Dr. Gerald A. Deneau, University of
Michigan, Ann Arbor, Mich.

Dr. Charles Farmilo, Food and Drug
Directorate, Ottawa, Canada

Guests - continued:

Loretta M. Gore, Knickerbocker
Hospital, New York, N.Y.

Drs. E.G. Gross and J.P. Long,
State University of Iowa, Iowa
City, Iowa.

Dr. Leonard Grumbach, Albany
Medical College, Albany, N.Y.

R. C. Hammond, Narcotic Control,
Department of Health and Welfare,
Ottawa, Canada.

Dr. James R. Harris, Philadelphia
General Hospital, Philadelphia, Pa.

Dr. Raymond W. Houde, Terence W.
Murphey, Ada Rogers and Stanley
Wallenstein, Sloan-Kettering
Cancer Center, New York, N.Y.

Dr. Edward J. Humphreys, Institute
for Alcoholism and Narcotic Addic-
tion, Philadelphia, Pa.

Dr. Eric Kast, Chicago, Ill.

Dr. Arthur S. Keats, Baylor Univer-
sity, Houston, Texas.

Dr. Conan Kornetsky, Boston Univer-
sity School of Medicine, Boston,
Mass.

Dr. John T. Laing, Long Island
Hospital, Boston, Mass.

Dr. William R. Martin, Addiction
Research Center, Lexington, Ky.

Dr. Gladys Mc Dermaid, Kings County
Hospital, Brooklyn, N.Y.

Dr. James Moore, Mercy Hospital,
Pittsburgh, Pa.

Guests - continued:

Clyde Nichols, United Nations
Division of Narcotic Drugs,
Geneva, Switzerland.

Dr. Fred W. Oberst, Directorate of
Medical Research, Army Chemical
Center, Md.

Dr. Maurice Pruitt, Rossville, Ga.

Dr. Henry Rapoport, University of
California, Berkeley, Calif.

Dr. Henry L. Richman, Manhattan
General Hospital, New York, N.Y.

Dr. Theodore Rosenthal, New York
City Health Department, New York, N.Y.

Dr. Phyllis F. Schroff, Veterans
Administration Center, Los Angeles,
Calif.

Dr. A. Sunshine, New York University
College of Medicine, New York, N.Y.

Dr. Geoffrey Woodard, Herndon, Va.

Drug Manufacturers'
Representatives:

Abbott Laboratories:
Dr. E. T. Kimura

Baxter Laboratories:
Dr. Edward H. Bowen, Jr.

C. H. Boehringer Sohn, Germany:
Drs. Kurt Freter, Helmut Wick
and Karl Zeile.

Bristol-Myers Laboratories:
Drs. Samuel Kuna and Peter D.
Orahovats.

Burroughs Wellcome & Co.:
Dr. John C. Seed.

Ciba Laboratories:
Drs. G. Stevens and L. B. Wilkin

Drug Manufacturers'
Representatives - Continued:

Endo Laboratories:

Dr. Harold Blumberg, David L.
Klein and Drs. M. J. Lewenstein
and Nathan Weiner.

Geigy Research Laboratories:

Dr. Joseph Marrus.

Irwin-Neisler & Co.:

Dr. Thomas B. O'Dell.

Hoffmann-La Roche:

Drs. John A. Aeschliman, John
Lee, Leo A. Pirk and M. J.
Schiffrin.

Knoll Pharmaceutical Co.:

Dr. Rudolf O. Hauck.

Lederle Laboratories:

Drs. Selby B. Davis and Robert
A. Hardy, Jr.

Eli Lilly & Co.:

Drs. Don Carlos Hines, Charles
M. Gruber, Jr., Albert Pohland,
Raymond M. Rice, E. Brown Robbins
and David L. Stone.

Mallinckrodt Chemical Works:

Drs. Floyd P. Hallett, George
B. Hoey, August H. Homeyer and
Harold E. Thayer.

Mead, Johnson & Co.:

Drs. Byron B. Clark and Earl T.
Lewis.

Merck & Co.:

Arthur J. Basso, W. E. Clapham
and H. W. Estey.

Merck Research Institute:

Drs. S.C. Strickland and Charles
A. Winter.

Drug Manufacturers'
Representatives - continued:

Miles Laboratories:

Dr. L. A. Crandall.

S. B. Penick & Co.:

Drs. Bernard B. Brown and W.
G. Bywater and James G. Flanagan.

Parke, Davis & Co.:

Drs. George H. De Stevens, Alex
Z. Lane, Duncan A. Mc Carthy,
Franklin W. Short and C. V. Winder.

Richardson-Merrill Co.:

Dr. Thomas C. Grubb.

A. H. Robins Co.:

Drs. Robert S. Murphey and
Fletcher B. Owen, Jr.

Schering Corporation:

Dr. Samuel Irwin.

G. D. Searle & Co.:

Dr. Thomas H. Hayes.

Smith, Kline & French Laboratories:

Drs. Patricia W. Evers, Maxwell
Gordon, Edward Macko, Murray
G. Smythe, Jr., and David H.
Tedeschi.

E. R. Squibb Institute:

Drs. Bradford Craver, James A.
Dingwall and John Krapcho.

Sterling-Winthrop Research Institute:

Drs. Sydney Archer and Louis
S. Harris.

The Upjohn Co.:

Dr. R. James Collins, H. V.
Demissianos, Hugh H. Keasling,
Louis Skaletzky, and Alan B.
Varley.

Wallace Laboratories:

Drs. J. C. Ryan and S. E. Wilson.

Drug Manufacturers'
Representatives - Continued:

Warner-Lambert Research Institute:
Dr. Arthur D. Flanagan.

Winthrop Laboratories:
Dr. M. C. Wynes.

Wyeth Laboratories:
Drs. Patrick T. Mc Loughlin,
Joseph Seifter and Fred A. Tate.

National Research Council:

Drs. R. Keith Cannan and Isaac D.
Welt, Mr. Herbert N. Gardner, Mrs.
Lois Bowen and Mrs. Barbara Rusteberg.

11:00 A.M. Dr. Nathan B. Eddy, Chairman, welcomed the Committee's guests, thanked Dr. Gamso for inviting the Committee to visit Riverside Hospital, and thanked the S.B. Penick and Company for furnishing transportation and otherwise assisting in the arrangements for the meeting.

The following reports were presented and discussed:

1. Treatment of Young Narcotic Addicts at Riverside Hospital. By Drs. Rafael R. Gamso, Medical Superintendent, and Percy Mason, Attending Psychiatrist, Riverside Hospital, New York, N.Y. See Appendix 1, p. 2414.
2. Preliminary Experiences of a Pilot Project in Drug Addiction. By Leon Brill, New York Demonstration Center, U.S. Public Health Service, New York, N.Y. See Appendix 2, p. 2425
3. Statement on Program for Narcotic Addicts. By Dr. Henry Brill, Assistant Commissioner, State of New York Department of Mental Hygiene, Albany, N.Y. See Appendix 3, p. 2433.
4. Coordinate and Liaison Services for Addictive Disorders at the Pennsylvania Institute for Alcoholism and Narcotic Addiction. By Dr. Edward J. Humphreys, Director, Institute for Alcoholism and Narcotic Addiction, and - Dr. James R. Harris, Psychiatrist-in-Chief, Philadelphia General Hospital, Philadelphia, Pa. See Appendix 4, p. 2438.

12:30 P.M. Luncheon at Riverside Hospital.

1:30 P.M. Presentation of Reports Continued:

5. Morphine Metabolism Studies in Humans with Radioactive Morphine, with a Note on the Biosynthesis of Morphine. By Dr. Henry Rapoport, Department of Chemistry, University of California, Berkeley, Calif. See Appendix 5, p. 2444.
6. The Toxicity of Meperidine in the Monkey as Influenced by its Rate of Absorption. By Drs. Gerald A. Deneau and Kengo Nakai, Department of Pharmacology, University of Michigan Medical Center, Ann Arbor, Mich. See Appendix 6, p. 2460.
7. Annual Report on Analgesic Testing at Baltimore City Hospitals and the Johns Hopkins Hospital. By Drs. Thomas J. De Kornfeld and Louis Lasagna, Departments of Anesthesiology and Clinical Pharmacology, The Johns Hopkins University Hospital, Baltimore, Md. See Appendix 7, p. 2470.
8. Annual Report: (1) Morphine Antagonists as Analgesics; and (2) Analgesic Potency of 1-(p-Chlorophenethyl)-6,7-dimethoxy-2-methyl-1,2,3,4-tetrahydroisoquinoline. By Drs. Arthur S. Keats, R. Jane Telford and C. N. Papadopoulos, Division of Anesthesiology, Baylor University College of Medicine and Jefferson Davis Hospital, Houston, Texas. See Appendix 8, p. 2484.
9. Clinical Observations on the Use of Ro 4-1778/1 (1-[p-Chlorophenethyl]-6,7-dimethoxy-2-methyl-1,2,3,4-tetrahydroisoquinoline). By Drs. Max S. Sadove, M. J. Schiffrin and S. Ali, Division of Anesthesiology, University of Illinois, Chicago, Illinois. See Appendix 9, p. 2501.
10. Studies on the Respiratory and Circulatory Effects of Ro 4-1778/1. By Dr. James Moore, Mercy Hospital, Pittsburgh, Pa. See Appendix 10, p. 2510.
11. Determination of Physical Dependence Potentiality of Milder Analgesics when Administered Repeatedly for Chronic Pain. By Drs. Leo J. Cass, John T. Laing and Willem S. Frederik, Harvard University and Long Island Hospital, Boston, Mass. See Appendix 11, p. 2516.

12. Meeting Pain Relief Problems with Oral Phenazocine.
By Dr. Joseph Cochin, Section on Medicinal Chemistry,
National Institute of Arthritis and Metabolic Diseases,
National Institutes of Health, Bethesda, Md. See
Appendix 12, p. 2529.
- 5:15 P.M. Open Session adjourned.
- 7:00 P.M. Reception for the Committee and its guests at Hotel
Lexington. Hosts, S.B. Penick & Co.
- 8:00 P.M. Dinner at Hotel Lexington (Committee and 120 guests) followed
by talk by Dr. Harris Isbell on The Addiction Situation
in Europe. Dr. Isbell described his contacts with many
people in various European countries during his year of
residence there and their attitudes towards and his
impressions of the addiction situation particularly in
England. He discussed conditions which might contribute
to differences in the addiction problem in Europe and the
United States.

The 17th January continuation of the Open Session was
called to order by the Chairman, Dr. Nathan B. Eddy, at
9:15 A.M. in the Auditorium of the National Academy of
Sciences.

The presentation of reports continued as follows:

13. The Annual Report from the Memorial Cancer Center.
Clinical Studies of Morphine, Codeine, Aspirin, 1,2-
Dimethyl-3-phenyl-3-propionoxypyrrolidine hydrochloride
and α -dl-3-acetoxy-6-methylamino-4,4-diphenylheptane.
By Drs. Raymond W. Houde and J. Weldon Bellville and
Mr. Stanley L. Wallenstein, Division of Clinical
Investigation, Sloan-Kettering Institute for Cancer
Research, New York, N.Y. See Appendix 13, p. 2533.
14. Demonstration of Tolerance and Physical Dependence
Following a Short-term Infusion of Morphine. By
Drs. William R. Martin and C. G. Eades, National
Institute of Mental Health, Addiction Research Center,
U.S. Public Health Service Hospital, Lexington, Ky.
See Appendix 14, p. 2557.
15. The Relationship of Physical Dependence to the Dual
Action Concept of Morphine Action. By Drs. Maurice
H. Seevers and Gerald A. Deneau, Department of Pharma-
cology, University of Michigan Medical Center, Ann
Arbor, Mich. See Appendix 15, p. 2575.

16. An Hypothesis of Opiate Action. By Dr. Leonard Grumbach, Department of Physiology, Albany Medical College, Albany, N.Y. See Appendix 16, p. 2585.
17. Evaluation of Factors Relating to Morphine-like Physical Dependence in the Monkey (Macaca mulatta) and Report on Substances Tested for Physical Dependence Capacity. By Drs. Gerald A. Deneau and Maurice H. Seevers, Department of Pharmacology, University of Michigan Medical Center, Ann Arbor, Mich. The report was not read but a mimeographed copy of the data from the testing program was distributed. See Addendum 1, following p. 2678.
18. Addiction Liability of 1-(p-Chlorophenethyl)-6,7-dimethoxy-2-methyl-1,2,3,4-tetrahydroisoquinoline (I-K-1; Ro 4-1778/1). By Drs. H. F. Fraser, W.R. Martin and A.B. Wolbach, National Institute of Mental Health, Addiction Research Center, U.S. Public Health Service Hospital, Lexington, Ky. See Appendix 17, p. 2593.
19. I. Evaluation of Carisoprodol and Phenyramidol for Addictiveness. By Drs. H.F. Fraser, C.F. Essig and A.B. Wolbach. II. Human Pharmacology and Addictiveness of Certain Opioid Dextroisomers. (a) d-3-Hydroxy-N-phenethylmorphinan; (b) d-3-Methoxy-N-phenethylmorphinan; (c) d-Methadone. By Drs. H.F. Fraser and Harris Isbell, National Institute of Mental Health, Addiction Research Center, Lexington, Ky. See Appendix 18, p. 2615.
20. The Addiction Liability of α -dl-3-Acetoxy-6-methyl-amino-4,4-diphenylheptane hydrochloride and of 6-Acetyl-3-ethoxy-dihydromorphine. By Drs. H.F. Fraser and A. B. Wolbach, National Institute of Mental Health Addiction Research Center, Lexington, Ky.

Dr. Fraser summarized briefly the results with the substances listed in items 19 and 20 without describing them in detail. See Appendix 18, p. 2615 and Addendum 2.

The Open Session adjourned at 11:15 A.M.

APPENDIX 3

Statement on Program for Narcotic Addicts

by

Dr. Henry Brill

State of New York Department of Mental Hygiene,
Albany, N. Y.

The Department of Mental Hygiene has been surveying the situation with regard to narcotic addiction for several years and after intensive study several facts emerged quite clearly:

1. Facilities for narcotic addiction in the New York area are insufficient to meet the need.
2. Narcotic addiction is a form of illness which calls for psychiatric care and treatment and such facilities as exist tend generally to recognize this fact.
3. Methods of treatment leave very much to be desired and there is by any method a large amount of failure and relapse.
4. Research has been limited and a comprehensive program such as the one in Lexington which combines research and treatment is almost unique although studies of various aspects of the narcotic problem are being carried out in various places.

The New York program is aimed at providing for the immediate needs of patients now requiring treatment and to provide research for better methods in the future. The treatment is undertaken with full insight into the limitations and our position is that lack of an effective method of treatment is not a sufficient cause to remove an illness from the field of medical responsibility. This is a principle which was established by Hippocrates and the entire development of modern medicine has been enormously facilitated by adherence to it. The research will be strongly oriented toward basic investigations although other fields such as social and economic aspects will not be neglected.

The first step was taken when a 55-bed clinical research unit was opened at Manhattan State Hospital on August 31, 1959 and since this time over 500 patients have been admitted to the unit.

The turnover has been rapid and one of the major problems encountered has been keeping patients in the unit for a sufficient length of time to insure complete withdrawal and early rehabilitation. The bulk of the admissions have been voluntary cases although the court certification has been used.

The certification which is a judicial order sending the patient to an approved unit for treatment over a maximum of 12 months has been found to show an unexpected defect; namely, that certain individuals certified to a unit prove unsuitable for treatment in the available facilities and there has been some hesitation about discharging such cases. On the other hand, they do represent a small but extremely disruptive factor capable of contaminating the unit with drugs or so manipulating the environment as to render the unit incapable of functioning properly.

It is contemplated that the law will be changed permitting discharge of such unsuitable individuals. The alternative to such a provision would be the setting up of security facilities equal to those of a correctional institution and this seems to be highly undesirable.

The personnel ratio of the unit has been accepted as approximately one to one and this does not include the professional staff. Rehabilitation, occupational therapy, and recreational therapy are all in process of development and a social service department is already functioning and psychological and psychiatric services are, of course, utilized fully.

The outpatient clinic is operating both for screening new cases and for seeing those who can be persuaded to return for follow-up care. A full aftercare service will be developed in line with the general pattern of aftercare for all patients leaving Department of Mental Hygiene facilities.

As experience accumulates it becomes quite apparent that the pattern of psychiatric disability involved in these cases is quite specific and different from the average encountered in mental hospitals. Nevertheless, it corresponds rather closely with certain types of cases that are seen especially in the category of psychopathic personality and alcoholism and with adequate staffing and with increasing experience it becomes apparent that the pattern of operation which we have adopted will be a practical one.

In our first contact with the Lexington group we were

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Appendix 3 p. 3

advised that it might be necessary to train the entire staff which we hope to use and to build the total operation with personnel lacking in the specific experience needed.

We have confirmed the wisdom of this advice after extensive efforts to recruit top personnel with the specific necessary experience. It was by specific training of otherwise qualified personnel that the organization at Lexington was developed and we feel that we shall probably have to follow essentially the same path in New York.

It is already apparent that the cost of caring for narcotic patients will be significantly higher than that of other types of psychiatric cases and this general principle has been accepted in responsible quarters in State government.

Following the pattern already established at Manhattan State Hospital an 80-bed treatment unit is in process of organization at the Central Islip State Hospital where patients will probably begin to be admitted within a few months. In addition, an Upstate service unit is to be established at Utica State Hospital. Both the Utica and Central Islip units will be for service in contrast to the unit at Manhattan which is essentially a research organization and all three are segregated, specially organized and specially staffed units. Cases are, as a matter of policy, not admitted to the general psychiatric population of our State institutions.

The first step in the development of a basic research unit has been taken with an extensive laboratory installation at Manhattan State Hospital. In order to save time a temporary installation has been established and will be operating within a period of weeks although the permanent quarters will require several years for the necessary rehabilitation and installation required. The first techniques to be applied will be in the field of neurochemistry and it is expected that other basic methods will be added in the course of time. In addition, epidemiological and sociological studies will be carried out in conjunction with the outpatient and aftercare work of the Manhattan unit.

Finally, in closing I would re-emphasize the long-term nature of this undertaking. The clinical unit will require full seasoning and each of the new units as they are developed will have to go through a similar although probably a shorter process. It will be necessary to clarify and establish all the procedures and develop a know-how in all levels of personnel. The research will also be a long-term operation and undoubtedly will require

a considerable period of time to reach full productivity.

A change in the law will require what amounts to a considerable amount of freedom in post-admission screening making it more possible for each of the narcotic units to accept certified cases more freely than would be the case if it were quite impossible to discharge an individual who is once admitted.

We hope by following the general outline described above to be able in the near future to begin to add contributions to the literature which has been so much enriched especially by the unit in Lexington.

* * * * *

Discussion

Dr. Brill replied to questioning that two or three months was as long as patients stayed in the treatment facility, many left in a period of weeks. Voluntary patients could leave on their own insistence, certified patients could be held. The new civil commitment law was being invoked to a limited extent and was expected to be used more as experience accumulated. This law needed modification to permit moving out the intractable patient who might upset the morale of the whole group. Only patients over 21 were admitted. There would be provision for a small female group at Central Islip State Hospital. All racial groups have been represented.

A fully organized social service department is planned. A social service worker is now on the staff. Follow-up is now done through Manhattan State Hospital but not by the addiction unit. It is hoped to have workers in the field with an after-care program like that for other psychiatric patients.

Mr. Stein asked whether the sheltered workshop at Islip State Hospital would be available to the addicted patients; some of them have so little work experience or motivation that might be valuable in their re-establishment.

Dr. Brill said that as patients showed their trustworthiness, it is intended to use all of the facilities of the hospital including the work shops and hospital industries, because vocational rehabilitation of these people is an important matter.

Mr. Argrett asked about the patients' daytime activities.

Dr. Brill said that there would be an intensive program. The personnel:patient ratio is 1:1. This may not impress you, but for us it is history-making. At the present time the program consists of the recreational and vocational facilities available at Manhattan Hospital. It is intended to use all the modalities. This is a more expensive program than in the general psychiatric hospital but this has been accepted by our fiscal authorities.

Dr. Craver asked whether or not hypnosis was useful in treatment.

Dr. Isbell replied to this question quoting from the experience of Dr. Victor Vogel. Hypnosis was of no value in the treatment of the withdrawal phase. He felt that addicts as a group were not more suggestible than controls or than non-addict prisoners generally. By certain tests they were somewhat more suggestible when on morphine than when abstinent. Hypnosis might be useful as a means for getting information about the individual's personality, but it was not a routine treatment.