



Department of HEALTH, EDUCATION, AND WELFARE • Public Health Service

NATIONAL INSTITUTES OF HEALTH

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(98)

IN REPLYING ADDRESS THE
NATIONAL INSTITUTE OF MENTAL HEALTH
ADDICTION RESEARCH CENTER
U.S. PUBLIC HEALTH SERVICE HOSPITAL
P. O. BOX 2000
LEXINGTON, KENTUCKY

(b)(3)

I am enclosing copy of proposed budget for fiscal year 1958 which has already been sent to Mr. Robert E. Motley, Administrative Assistant for Basic Research, National Institute of Mental Health. He will submit it shortly to the Office of Naval Research. Also enclosed is letter to Mr. Motley asking him to increase item 3, under travel, by ~~XXXXXX~~

The material I have been using is designated as 1-methyl-lysergic acid diethylamide. It bears the Sandoz code number MLD-41, Lot No. 060001 273001.

Animal pharmacology indicates toxicity is about equal to that of LSD in mice. The material is 3.7 times as active as LSD in inhibiting serotonin. It is pyrogenic in the rabbit, but less so than LSD. In mice it is said to produce only minimal excitation and no mydriasis. In the cat, effects are a little different than those produced by LSD, but studies are not complete.

Evaluation here, although incomplete, indicates that the material produces effects in man somewhat like LSD, but that MLD is less potent. It induces mydriasis, elevation in blood pressure, facilitation of deep tendon reflexes and the usual constellation of LSD-like subjective symptoms. The dose required to induce a Grade 3 reaction is probably on the order of 4-6 mcg./kg. as compared with 2 mcg./kg. of LSD.

Other materials I have are 1-acetyl-lysergic acid diethylamide bitartrate (ALD-52) and Pyrrolidid of d-lysergic acid (LPD-824).

Sincerely yours,

Harris Isbell
Harris Isbell, M.D.
Director

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Enclosures

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to the Abramson-Jarvik questionnaire, and assessment of the degree of the reaction by the clinical grading system previously described. Methods of handling these data have been previously reported.

Results. The results are shown in the accompanying table and are suggestive of a reduction in the intensity of the LSD reaction. They show a reduction in every aspect of the LSD reaction measured. The differences between the response seen after BOL plus LSD and those seen after BOL-placebo plus LSD reached statistical significance in the case of effects on the kneejerks and on blood pressure, but were not significant on measurements of pupillary size, number of questions, and clinical grade.

The experiment actually was unsatisfactory for several reasons: (1) The number of subjects was small because of the shortage of BOL; (2) Six of the subjects were new, and 4 of these proved to be non-responders (had no mental symptoms with the dose of LSD used) with resulting skewness in the statistics; (3) the results of Gluzel and Mayer-Gross suggest that cross-tolerance to LSD is developing which likely would not be complete in 2 days.

In the only 2 experienced subjects available, the LSD reaction was almost totally blocked by pretreatment with BOL.

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