IMPORTANT ADVANCE

The therapeutic successes with chlorpromazine and reserpine stimulated an intensive search for additional psychopharmaceuticals. Within 5 years pharmaceutical firms produced not only more major tranquilizers, such as prochloperazine, perphenazine, and fluphenazine, but minor tranquilizers, such as meprobamate and, equally important, for the millions who suffer from melancholia, antidepressants, such as imipramine and amitriptyline. And because medical progress will not be checked, additional tranquilizers and antidepressants have been and are being developed by the pharmaceutical industry. The tranquilizers and antidepressants now available have made it possible for all American physicians—not just psychiatrists—to treat their emotionally and mentally disturbed patients—something previously not possible.

Concurrent with these significant developments were other trends which augured well for the psychiatric patient. A steadily increasing number of general hospitals became general in fact as well as in name by admitting psychiatric patients who now could be treated with psychoactive drugs. Prior to this, despite the prevalence of psychiatrically ill patients, more than half of the general hospitals in the United States would not admit a known psychiatric patient, one-third admitted such patients solely for diagnosis or emergency treatment, and only 1 percent had a psychiatric ward. Yet in the first 4 years after these drugs became available the National Association for Mental Health and the American Psychiatric Association reported that studies of psychiatric admissions in 1958 showed 257,300 patients in community general hospitals as against 210,117 in the public mental hospitals. Furthermore, among community general hospitals, the number of beds set aside for psychiatric patients increased in 1954–58 from 10,608 to 14,383. This trend has continued so that today most general hospitals admit and provide treatment (primarily with psychoactive drugs) for more psychiatric patients than at any time in history. Simultaneously, there was a sharp increase in the number of outpatient clinics and aftercare programs, and the opening of day and night hospitals.

Within psychiatric hospitals an attitude of pessimism and despair toward mental illness was replaced by one of hopefulness and confident optimism. Mental hospitals were transformed into active treatment centers and no longer were primarily places of detention. Many discarded the "lock and key" system of imprisoning patients in favor of an "open door" policy which provided liberties more consonant with the individual needs and the human rights of the psychiatric patient. It can be stated forthrightly that these significant changes were due largely to the advent of the tranquilizers and antidepressants.

HOSPITAL PATIENTS DISCHARGED

In 1955—I must point out to you this would be 1 year before the tranquilizers became commercially available in the United States—Dr. Francis J. Braceland, past president of the American Psychiatric Association, cognizant of the annual national increment to the mental hospital population, wrote: