reports and then the final report I got later. But it does not change the basic downward trend.

This NIMH report pointed out that although more money was being spent for each patient in 1966 than a decade earlier, overall hospital costs of mental illness had fallen because of the drop in the resident patient population. Patient care cost $1,301 million in 1966, the report said, whereas, if the hospital population had grown at the pre-1955 rate, some 720,000 patients would have cost State and local governments $4,400 million. Commenting on these facts Dr. Stanley F. Yolles, Director of NIMH, stated that "the break in the upward trend occurred in 1955 because of a number of factors, *the principal one, perhaps, the introduction of the tranquilizing drugs.*" (Emphasis mine). In 1967 the resident population in State and county mental hospitals dropped again, this time by 26,000, to an all time low of 426,000 patients. This prompted Dr. Yolles to remark: "If the old pattern had continued uninterrupted, there would be over 717,000 patients in our mental hospitals—291,000 more than is actually the case."

In July 1965 the Psychopharmacology Service Center bulletin of the NIMH contained this significant report:

> When the first of the modern tranquilizing drugs was introduced in 1952, hope was expressed by a number of clinical investigators that these drugs would lead to a drastic reduction in the number of patients in our public mental hospitals. For a variety of reasons, including the effective use of drugs and other improvements in psychiatric treatment, the number of resident patients in our public mental hospitals has been declining at the rate of approximately 1 percent per year since 1955. However—

And this is important, Senator—

> if one examines the population changes within the mental hospitals in a good deal more detail, it is apparent that a more substantial decrease in the number of resident schizophrenic patients between the ages of 25 and 44 is underway. The number of hospitalized patients in the 25- to 44-year-old age group carrying a diagnosis of schizophrenia has been decreasing at a rate of 3.3 per year. If the present rate of decrease continues, the number of resident schizophrenic patients in this age group by 1970 will be one-third fewer than the corresponding number resident in 1960. There is a concomitant decrease in the number of patients being admitted to public mental hospitals carrying either the diagnosis of manic depressive psychosis or involutional melancholia. From this it can be seen that two major psychiatric conditions, severe depression and schizophrenia, insofar as they cause prolonged hospitalization of individuals in their adult years, are being relatively well controlled.

Sir, if I may digress for a moment from my prepared statement, I had the good fortune of getting my psychiatric training in the Navy. In part of my duties I was assigned at the U.S. veterans' hospital at Perry Point. While at this hospital for 2 years I worked in what was called the continuous treatment service which was a euphemism, frankly, for the chronic patients.

There were approximately 800 patients under the care of myself and my colleagues, who were few in number. Very few of these patients were over 60 years of age and the majority of them had been in that hospital no less than 20 years. Some of them had been there 30 years. Most of them had only one hope, and this is in the predrug era, and that was that death would give them a merciful release from their schizophrenia. And yet since the advent of the drugs, we not only can