get schizophrenics better so that they do not have to stay in the hospital but we can do it in a very short period of time, and for these people and their families and for the American public, this is a phenomenal accomplishment.

Now, if I may also have the next chart,[1] I would like to show you—this shows you what has happened on a national level. With the permission of my good friend Dr. Milton Greenblatt, who is the commissioner of mental hygiene for the Commonwealth of Massachusetts, I would like to show what happened in the Boston State Hospital where he was superintendent prior to becoming commissioner of mental hygiene for the Commonwealth of Massachusetts.

This just shows what happened, the same thing that has happened nationally, in a large State hospital each year, a continuous decline in the resident patient population of the hospital. This never happened in the history of Boston State Hospital as it never happened in the history of any psychiatric hospital in the United States until we got the psychoactive drugs.

Because of continued development of psychoactive drugs and their effective use, there are good reasons to believe that the decline in mental hospital patient populations will persist. It is a worldwide phenomenon which deserves to be called one of the most dramatic events of this century in medicine.

Ever since the famous French psychiatrist, Phillippe Pinel, in 1795 unshackled the institutionalized insane in Paris and promoted a humane regimen of treatment of the mentally ill, psychiatrists have yearned to care for most psychiatric patients in the community. This dream is now becoming a reality. When it was realized what had been and could be accomplished by the judicious use of psychopharmaceuticals, the late President Kennedy called for the Congress to pass legislation for the establishment and staffing of community mental health centers. In 1966 Federal grants totaling $57 million were made for the construction and/or staffing of 128 new community mental health centers in 42 States, Puerto Rico, and the District of Columbia to make mental health services available to some 22 million Americans in their home communities in a way not possible before. In 1967 President Johnson requested and Congress approved a 3-year, $238 million extension of the program of Federal aid for building and staffing community mental health centers. This is laudatory, indeed, but what must be stressed is the undeniable fact that without effective drugs to treat patients community mental health centers could not achieve their objective.

If I may have the next chart,[1] I would like to show you again material from Massachusetts which Dr. Greenblatt put together. This shows what happened.

I have to give you a little bit of background, Senator. When the drugs first came out, we were not as expertise in their use as we are today and many people had the idea that when patients improved, they did not have to have the drugs any longer, and they could be discontinued.

Patients left the hospitals, did not continue to take their medicine, they relapsed and they came back in. This led to what we psychiatrists

[1] See pp. 4172–73, infra.