

call the revolving door syndrome where the patient came in, got better, went out, relapsed, and came back in.

To stop this revolving door, State hospitals began to set up outpatient departments, making drugs available to patients after release from hospitals, to keep them out of hospitals and in some instances to keep them from ever coming in in the first place, thus avoiding the stigma of having been in a mental institution.

Dr. Greenblatt compiled these figures showing the number of prescriptions written year by year as psychiatrists in the hospitals began not only to discharge greater numbers of patients but to recognize the value of these drugs not only in controlling the symptoms so that mad men were no longer acting like mad men but their value in keeping patients in a state of remission so that they could continue to reside in the community.

Now, if I may have the next chart,<sup>1</sup> there is just one other point I would like to make because in reading through the testimony which has been presented before this committee, reference from time to time has been made to drug advertising and things of this sort.

Now, I would like to stress for you that at least from the standpoint of psychiatrists, drug advertising is important in that it acquaints us with the existence of a compound and gives us some information about its indications, its contra-indications, dosage, et cetera. However, it is not the most influential thing in deciding whether a particular drug should be used. What is important is the demonstrated effectiveness of the drug.

Consequently, if you look at this chart, you will see that some drugs which were introduced early have been replaced by other drugs which have proven to be more effective, and some drugs which initially were widely used like chlorpromazine or thorazine which was the first one we had, as other ones came along and their effectiveness for individual patients was demonstrated to be superior to that of thorazine, psychiatrists began to use those.

What I am simply saying is that what dictates the use of a drug is effectiveness and safety. Safety, of course, is relative and I will have a word to say about that later. But I must stress for you that statements which have been made which would imply that physicians are very much influenced in their prescribing habits by what the advertising and promotion says, by what the detail men say, and so forth and so on, are not consonant with the facts.

I know of some psychopharmaceuticals which have been very widely advertised and promoted but they are not used very often at all. Why? Because they have been made obsolete by more effective drugs.

The primary obligation of the prescribing physician is to choose for his individual patient that drug which offers the greatest hope of relief with the least risk and at the least expense.

Now, I would like, because I have portrayed for you, sir, what happened since the advent of the drugs, to tell you what it was like before we had the drugs because fortunately, or I should say unfortunately, I worked in psychiatry before we had the drugs.

<sup>1</sup> See p. 4173, *infra*.