

declined to near zero for patients ill for more than 2 years—these drugs benefited many chronically ill psychotics to a degree heretofore unattainable. Soon other psychotropic drugs were added to the list of effective antipsychotic agents. The result: unprecedented hope for chronic psychotics, an incredible change in mental hospitals, in the organization of mental health services, and the virtual abolition of involuntary admissions.

The transformation that has occurred in mental hospitals in the past two decades defies description. Visit one today. You will be impressed by the serenity you observe and feel. You will sense the attitude of realistic optimism which predominates. Flowers, curtains, paintings, music, fresh air, comfortable tidy lounges make a pleasant environment for clean, tranquil patients being offered a myriad of therapies designed to make their hospitalization profitable and not a living hell. Some modern psychiatric hospitals have almost a country club atmosphere. All are becoming what we have always wanted—attractive, active centers of treatment, offering hope of rehabilitation and return to the community, to family and friends, after a relatively short period of effective treatment.

This brief review of the current revolution in psychiatry is essential, if we are to maintain a proper perspective. There are people who seem unaware of what has been accomplished and of what has made these salutary achievements possible. A lion's share of the credit in justice goes to the major pharmaceutical companies. As a pioneer in the clinical evaluation of most of the available psychopharmaceuticals, I can testify that these firms—not university or Government research—developed the drugs which have transformed the care and treatment of the mentally ill. These drug companies were responsible for the basic research—the biochemical, the pharmacologic, the toxicologic evaluations of these invaluable medicines. These drug companies sought the services of able, highly competent physicians to clinically test their psychoactive drugs and financed clinical trials which otherwise would not have been possible. In short, the innovative manufacturers provided the medical profession, especially psychiatrists, with the essential tools—available from no other source—which have enabled us to do what has not been done before in the history of medicine.

No psychiatrist, I assure you, absolutely no psychiatrist, would want to return to the predrug era. We are justifiably proud of what we have accomplished with the products developed by their manufacturers. We sincerely hope that what we have achieved with psychopharmaceuticals and other therapies will cause mankind to finally realize that mental illness does not make its victims inferior members of society. We are painfully aware, Senator, of the 426,000 patients still in U.S. public mental hospitals and the large number of patients in the community making only a marginal adjustment. These are "silent witnesses" who have not benefited optimally from the drugs we have, and it is for these silent witnesses I am here today. They bear witness to the need for more psychopharmaceuticals. These we rightfully expect will be developed by the unrelenting research of the creative scientists employed by the progressive drug firms, large and small.

Other conditions for which present-day pharmacotherapy is not very effective are mental deficiency, criminal psychopathy, and drug addic-