

tion. Psychiatrists are concerned about the increasing admissions, compulsory detentions, and the trend toward longer stay in the hospital because of these disorders. The drugs required to help these unfortunate people we also expect will be developed by the research-oriented manufacturers.

There are those who think there are too many psychoactive drugs and those who contend that the number of such drugs in a hospital formulary should be restricted. These individuals fail to recognize that none—and I stress this—none of the available compounds is universally effective and safe. They overlook the indisputable fact that, despite all the psychoactive drugs on hand, there are in and outside of mental hospitals many thousands of patients either partially or totally refractory to these drugs or intolerant of them. For these unfortunate, suffering individuals there is an urgent need for more psychoactive drugs. Those who would limit the number of psychoactive drugs also ignore what every psychiatrist experienced in testing and using these drugs knows; namely, that some patients benefit only from one compound and are unresponsive to, or are intolerant of, all other drugs. Thus, for those patients who respond to a particular tranquilizer or antidepressant—old or new—that one drug is invaluable; it means for them the difference between sickness and health even if, in comparison to all other drugs, it would seem to be the least effective. This is most important for these patients because humans and not a statistic suffer.

Furthermore, physicians dedicated to easing emotional and psychic suffering, to eradicating or minimizing disability and to restoring mental health should be able to prescribe whatever drugs in his professional judgment offer the greatest prospect of benefiting his individual patient. Physicians cannot achieve their objectives and patients will suffer, if the physician's right to independent medical judgment is infringed by a hospital formulary which does not include all available psychoactive drugs or insists on the use of products other than those specifically prescribed.

The challenge, Senator, to the medical profession comes not from the number of drugs available, but from the need to learn the art of using these drugs correctly. The simple clinical fact is that the more drugs we have at our disposal, the greater is the number of patients who will be helped.

For 15 years it has been my privilege to evaluate clinically drugs for the mind. During this time I have never once been asked by the manufacturer of strictly "me too" products to test a compound for them. Nor, to the best of my knowledge, have any of the reputable and dedicated physicians who evaluate psychopharmaceuticals in the United States ever been requested to study a new compound developed by the research of such a manufacturer. I polled by mail 130 members, which is practically I must say the entire membership, of the American College of Neuropsychopharmacology, which is composed of the most experienced and well-trained specialists in the testing and evaluating of tranquilizers and antidepressants in the United States and Canada, asking if any producer of what are commonly called "generic drugs" ever requested them to test a new psychopharmaceutical or provided them with any financial support for any of their research in psychopharmacology.