during your own medical practice or the medical practice of your contemporaries there has been a reduced tolerance for the acceptance of tensions? This is, I assume, psychological?

Dr. BRILL. Yes. This is not limited to medicine, this is a general social phenomenon. It is particularly visible, however, in connection with mental disorder, and emotional disorder; people demand relief and expect relief to a greater extent and are willing to tolerate discomfort to a lesser extent than they were 35 years ago. They don't expect to be uncomfortable, they expect relief, and they want it now.

You see, the flood of new drugs has raised public expectations as to what can be expected from drugs. Now, a great deal more can be expected than was possible 35 years ago, but not quite as much as the public thinks.

Senator NELSON. If I understand it, you said the threshold for pain has been lowered?

Dr. BRILL. Physical and psychological, I would say so.

Senator NELSON. I suppose they are inextricably tied together, is that correct?

Dr. BRILL. They are.

Senator NELSON. And the capacity for tolerance of pain is associated with the mental attitude of the subject, is that what you are saying?

Dr. BRILL. Yes. It goes even further than that. If one can disassociate the emotional aspects of pain from the physical aspects of pain it no longer is so intolerable. This can be done by various procedures. And it is quite striking to see that even though the physical pain continues after the emotional aspects have been removed, the suffering is far less. So that it is the emotional aspects of pain that are really the intolerable aspects.

Senator NELSON. Please continue.

Dr. BRILL. To continue now with the description of medical drug abuse which must be distinguished from nonmedical for meaningful discussion, medical drug abuse involves persons of mature years, both men and women equally; it is a solitary problem and not a group activity; and it is scattered diffusely through the social structure. It has no tendency to social catagion or to antisocial behavior and the resulting damage is to the individual. This is the group created by overt medication.

The second group of drug abusing cases is nonmedical. They are young, predominantly male, and they seek drug intoxication as a source of pleasure. Theirs is a group activity, socially contagious, and thus a threat to others. Antisocial behavior is not infrequent and the drugs are largely illicit. Such cases have nothing to do with the problem of overmedication and little contact with medical practice except when they are brought for treatment of their dependence and its complications.

Opinions about the value of drugs in psychiatry has swung like a pendulum. When I entered medicine in 1932, the medical attitudes about all drug therapy was one of profound skepticism. The few drugs which had some influence in mental and emotional conditions were seen as relatively harmless but ineffective in small doses and dangerously toxic in larger amounts. Then came an era of spectacular advance in pharmacology and with the appearance of the "miracle drugs"