the major tranquilizers lent themselves to abuse by patients although they caused many other types of adverse reactions.

Very early in this period another new class of drugs later known as minor tranquilizers was introduced particularly for outpatient work. It was soon obvious that the spectacular mental hospital results were not to be repeated with these drugs in outpatients.

It was also clear that these drugs belonged to the general class of barbiturate-like drugs although their effect on anxiety was more pronounced in relation to the degree of somnolence produced. They also shared another characteristic of the barbiturates; if used in high doses for prolonged period they were capable of creating addiction. While not attractive to street addicts or to nonmedical drug abusers they still posed a problem in medical drug dependence. Together with the stimulant drugs which are also used in outpatient practice they have become a matter of increasing concern, although other forms of toxicity are relatively mild in most cases. As early as 1957, many questions were being raised about the effects of all the new psychiatric drugs; but their use continued to increase rapidly. Accounts in the public press and promotion to the medical profession undoubtedly played a large role in the speed with which the minor tranquilizers were widely accepted, but it would be a serious mistake to assume that this was solely and simply an interest induced in an otherwise healthy population.

These drugs fell short of public expectations and there was doubt as to how well they met the needs of the patients but there could be no question about the existence of a need for treatment. This was only too apparent in simple clinical experience and repeated scientific surveys showed that between 15 percent and 25 percent of the total adult population suffer from a disabling degree of psychiatric disorder at any given time although such disability is only practical in most cases. The situation was further complicated by the fact that in ordinary medical practice major physical illness is regularly accompanied by anxieties and tensions which must be controlled if they are not to prolong the condition or even threaten life itself.

As a result the use of all these drugs was not limited to well defined indications but extended to the widest variety of conditions. They were often combined with other drugs and the treatment of emotional disorders often resolved itself into nothing more than a long term self-administration of these drugs. That this represents inadequate medical practice is beyond argument and it has been opposed by organized medicine and academic groups everywhere, but it was not until the thalidomide disaster that the general optimism about all drugs disappeared and the pendulum swung to skepticism. In the case of psychiatric drugs the negative trend was intensified by a wave of illicit nonmedical drug abuse which has now become a public health problem of epidemic proportions.

And I may say as an aside here that nonmedical drug abuse has virtually nothing to do with the medical type of drug abuse, which is an adverse reaction of over use of the type of drugs we are talking about. As already mentioned, nonmedical abuse of drugs as intoxicants rather than as medicines is a separate problem so that in effect