

until the thalidimide disaster that the general optimism about all drugs disappeared and was replaced by a growing skepticism. In the case of psychiatric drugs the negative trend was intensified by a wave of illicit non-medical drug abuse which has become a public health problem of epidemic proportions. As already mentioned this constitutes abuse of drugs as intoxicants rather than as medicines so that in effect we have at present two drug abuse problems which are relatively unrelated.

In spite of all this we continue to be an over-medicated society with respect to psychiatric drugs in the sense that we are treating many persons who derive little or no benefit other than a suggestive effect and some suffer adverse effects from the medications. It would be relatively easy to discuss this issue in a relatively narrow context describing the statistics of psychotropic drug use, the proportion of adverse reactions and trends in these figures, and to make estimates as to the proportion of abuse, but such discussion constitutes more a statement of the problem than a contribution to a solution. It does not tell us how we may go about reducing the total of drug intake without interfering with that part which is necessary. A widespread and urgent human need is involved and it would seem from all past experience in this field that the demand for relief of psychiatric symptoms will not abate until it is met more effectively. The problem is by no means new nor is it only the expression of the specific stresses of our own time. The irrational in human behavior is traced broadly throughout the entire history of mankind. Mental and emotional disorder was so prevalent among the illustrious associates of Aristotle that he declared genius and insanity to be closely related and a list of the mentally ill among the historical figures of the world shows that they had their full share of psychiatric disorder by our modern standards and we can assume that this was true also of their less well observed contemporaries. If we include alcohol among the psychiatric drugs, we have further evidence of the nature of the problem and the broad context in which a solution will probably have to be sought.

I must confess that I have only a few simple somewhat scattered, and by no means original thoughts as to solutions. It would seem that a purely negative program which seeks only to cut off a flow of misleading information to physicians and to the general public may have some effect, but it is likely to fail of its full purpose because of the firmly entrenched public and professional attitudes and practices with respect to substances of this type. Such practices long antedate the appearance of modern drugs and represent a type of folklore and tradition that has proved to be extraordinarily persistent. Seen in historical perspective, the modern sedatives and stimulants merely replaced an older series of tonics and sedatives which in turn had replaced a still older less effective and more dangerous pharmacopeia. It would seem better to seek to replace this biased flow of data by providing better information to the public and to the profession. In so doing it would be well to study the way in which the commercial material is prepared, and to make full use of the educational techniques which have been developed there for the profession. This would require a continual flow of completely updated drug information which is clearly written, brief and succinct, easily understood, well printed and liberally illustrated. The specific data on individual drugs would be present in the context of the newest developments in the basic sciences such as physiology, pharmacology and pharmacological chemistry, and it should be low in cost or free. A major start in this type of professional educational program applied to a variety of topics has already been made by a number of governmental and private agencies, but it has not as yet received sufficient support to comprise an over-all and comprehensive operation.

Finally it would be a major mistake if we were to allow our concern about the drawbacks, limitations, and abuses of currently available psychiatric drugs to blind us to the potential which future drugs may have in psychiatry and to lose interest in support of research in this field or even to discourage such research. There is an urgent need for large scale methods of treatment not only of pathological anxiety, and depression and of schizophrenia, but even more for pathological states of aggression and inertia. There is no theoretical reason why we should not expect to find part of the solution in new drugs and no method of therapy is more likely to permit large scale application than is drug therapy. This does not mean that we shall in the future be able to depend on drugs alone any more than we can now depend on unaided drugs for other medical purposes.