efficacious. Are you discussing the case in which you would compare the drugs, which have the same function, for relative efficacy?

Dr. BRILL. That would be included. But I think there is a pitfall here, because relative statistical efficacy is not the same as relative individual efficacy. And unfortunately all of these issues are complicated by the fact that in many cases a given drug will be tolerated by one individual and not tolerated by another one, but a closely related drug will be tolerated by a second individual. So the evaluation is not merely a simple statistical evaluation as to how many people are benefited by drug A as compared with how many people are benefited by drug B.

Senator NELSON. Recognizing that to be true, I would assume, though, that in controlled studies you may develop very clear cases in which the statistical results demonstrate that one drug is more toxic than the other—in other words, over a period of time you can with controlled studies develop some distinctions, can you not?

Dr. BRILL. Very much so; and particularly the identification of long term toxicity is one of the more reliable results of such studies—and of course of acute toxicity.

Senator NELSON. Thank you very much, Dr. Brill.

Our next witness is Dr. F. A. Freyhan.

Dr. Freyhan, we are very pleased to have you come here today and present your statement to the committee.

STATEMENT OF DR. FRITZ A. FREYHAN, DIRECTOR OF RESEARCH, DEPARTMENT OF PSYCHIATRY, ST. VINCENT'S HOSPITAL, NEW YORK, N.Y.

Dr. FREYHAN. Thank you, Senator. I appreciate the opportunity of participating in this hearing.

In preparing my statement for this hearing I reviewed my previous testimony before Senator Kefauver and subsequently Senator Humphrey at committee hearings concerned with the vexing problems of the use and abuse of modern psychiatric drugs. In attempting to outline the problems as I see them today I must say at the outset that psychiatry could not have progressed to its present standards of therapeutic achievement without the discovery of not only new drugs, but unique methods of drug treatment for the benefit of a great multitude of patients with minor and major psychiatric disorders. After 15 years of drug treatment in psychiatry, one cannot seriously question that the merits and accomplishments greatly outweigh the combined disadvantages of toxicity and misuse.

But in spite of this record of excellence there are developments which are less assuring and potentially ominous. It is of course no secret that overuse of drugs, not just psychoactive drugs, represents a perplexing problem in contemporary medicine. Depending on orientation, bias and vested interests, the blame tends to be ascribed to our culture, to professional attitudes, and to the promotional influence of the commercial interests of the pharmaceutical industry. Since I want to avoid redundant generalizations which would be of little value for the work of this committee, I shall limit my comments to those matters which I regard as highly important yet rarely mentioned in public discussions.

To prescribe a drug presupposes competent judgment of a qualified