physician. He must be knowledgeable and experienced in various aspects of clinical pharmacology and therapeutic techniques. The rapid development of new drugs poses serious problems in terms of dissemination of knowledge and acquisition of therapeutic experience for physicians practicing medicine. But the therapeutic experience for psychiatry in this regard are unparalleled in any other medical specialty. When the modern drugs were first introduced 15 years ago, psychiatric orientation was at a stage furthest removed from the mainstream of medicine. One would therefore expect that the evolution of major pharmaco-therapy in psychiatry was accompanied by major changes in psychiatric training and education. But for reasons which are deeply anchored in the history and organization of psychiatry, pharmacopsychiatry, that is, the science of drugs relating to nature and treatment of psychiatric disorders, gained only minimal representation in academic curricula and post graduate training programs. Rather paradoxically then we now find that drugs have become the most widely used psychiatric treatment while psychiatric education still reveals a striking neglect in regard to theory and practice of drug treatment.

I should like to take the liberty to place in the record the briefest of my publications on this topic which is titled: "Drug Treatment and Psychiatric Education" and was published in the December 12, 1968, issue of Medical Tribune and Medical News.

Senator NELSON. It will be printed in the record.

(The document follows:)

[From Medical Tribune and Medical News, Thursday, December 12, 1968]

CURRENT OPINION—DRUG TREATMENT AND PSYCHIATRIC EDUCATION

(By F. A. Freyhan, M.D.[1])

The modern era of pharmacopsychiatry began in this country with the introduction of chlorpromazine and reserpine in 1954. It is estimated that today between 70 and 90 per cent of all psychiatric patients are treated with psychoactive drugs, whether alone or in combination with psychotherapy and other treatments. Moreover, a large segment of nonpsychiatric patients receive psychoactive drugs for complaints of anxiety, tension, or mood disturbances. What are so widely used today are not conventional medications, but ever more potent compounds with both highly complex therapeutic and adverse reactions. The latter are not limited to somatic reactions, but include psychotoxic complications and social side effects.

One would expect that the evolution of major pharmacotherapy in psychiatry led to significant changes in psychiatric training and education. That this is not the case has been shown by several official surveys of representative psychiatric training centers. Only a few training programs have placed appropriate emphasis on new knowledge derived from biological and social sciences. According to reported evidence, psychiatric residents during their three-year training period tend to lose their sense of identity as physicians and become isolated in their field of interest. A recent study by a joint committee of the American Psychiatric Association and the American College of Neuropsychopharmacology confirmed the virtual absence of systematic training in psychiatric pharmacotherapy. A few special lectures on psychopharmacology and bits of informal clinical instruction seem to be all the residents can expect. In general, drug treatment is neither taught nor supervised. This stands in stark contrast to

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