The achievements of modern pharmacotherapy have yet to be matched with corresponding revisions of psychiatric theory, practice, and education. The implications for training can not be underestimated. Inevitably, new training programs should be brought closer to the mainstream of modern medicine.

Dr. FREYHAN. What seems to me discouraging, if not alarming, is the widening of a gap between advances in experimental and basic pharmacological research on the one hand, and the actual quality of clinical treatment on the other hand. One should not, as often seems to be the case, take it for granted that medical research and resulting clinical application could be regarded as two sides of the same coin. Insofar as psychopharmacology is concerned, it seems to me that interest and support given to laboratory research has not been matched by concern and funds for the development of high standards of clinical practice.

Although it is a matter of professional faith to support the cause of basic research, I am persuaded to take a different position at this time. Basic research today is relatively affluent whereas clinical research may be looked upon as a poor cousin. To obtain funds for expensive laboratory hardware seems easier to obtain than to convince granting agencies that high-quality clinical services represent, in fact, clinical laboratories for clinical therapuetic research.

In my testmony before the subcommittee in 1963, I suggested the development of an NIMH teaching and training center for clinical psychopharmacology. As Director of Clinical Studies at the Clinical Neuropharmacology Research Center of the NIMH at that time, I thought that the unique resources of the NIMH could turn the tide in establishing a model center of clinical training in psychopharmacology. This seemed even more desirable in view of the NIMH initiated development of nationwide community mental health centers in which drugs would be a major form of treatment. Whether this suggestion was premature, impractical, or too idealistic, is a matter of no concern today. Only today I am even more disturbed by the evidence of separation between high-caliber research in psychopharmacology, and the mediocre if not inadequate quality of drug treatment as practiced all too frequently.

Senator NELSON. Aren't there centers for the teaching of clinical psychopharmacology in any of the medical schools?

Dr. FREYHAN. Basic pharmacology is of course taught. Clinical pharmacology is a very neglected subject. Very few medical schools have a formal course in it. When it comes to postgraduate training—I am now talking about psychiatric training—the surveys which I mentioned, and my own experience in various university hospitals and other training centers, clearly confirm the lack of formally established programs for teaching clinical psychopharmacology.

Senator NELSON. Thank you.

Dr. FREYHAN. An interim appraisal of community mental health center services, published earlier this year by the Joint Information Service of the American Psychiatric Association and the National Association for Mental Health—Washington, D.C., 1969—disclose that up to 90 percent of the patients in the facilities under study received psychotropic drug treatment. I believe that this information adds to the compelling logic of the indivisibility of treatment, education and research.