motes similar and even identical drugs for quite different indications. It is as if one company promotes their brand of aspirin for headaches and another for fever, thereby implying that there really are specific differences. This sleight of hand fundamentally attacks the ethic underlying a scientifically informed system of medical care. I think Dr. Pillard showed examples of that.

The advent of the major tranquilizers—the anti-psychotic drugs—while not miraculous—brought a consequential step in the degree to which disabling mental disorders can be modified, and a significant impact on the extent to which effective and humane delivery of health services—called community mental health—might be organized. This does not obviate the problem of properly planning sequenced changes in our care of the mentally ill; the drugs nevertheless make such changes feasible. They also have a definite effect on preventing relapse which is of equal medical and social importance.

The so-called minor tranquilizers—the sedative anti-anxiety agents which have their greatest use in general medical practice—have probably enhanced the flexibility and efficiency through which the physician can offer effective treatment in a variety of medical contexts.

And here I would interpose, that I agree with Dr. Pillard's data on advertising these drugs for existential woes and griefs. One thing I think, what we do know in psychiatry, is that grief is very important to normal experience, and that stunted grief, stunted emotional working through of these problems, can lead to a serious psychiatric problem. In general we think in psychiatry that trying to meet the challenges, the ups and downs of life, are important to development.

In any event, in playing the game of what half dozen drugs to have on a desert island, I personally would include neither the sedative anti-anxiety drugs nor the antidepressants.

Mr. GORDON. I presume that you mean that we could get along without these. If we didn't have them, it wouldn't be a great loss, is that correct?

Dr. FREEDMAN. No, that isn't necessarily the way to put it. It depends on what you get accustomed to. In terms of. say, flexible medical practice, they are probably useful. I am just saying that if the bomb came and we had to start all over again, we can do without them.

Mr. GORDON. There is a question of priority.

Dr. FREEDMAN. I am not saying that somebody wouldn't learn how to brew, in such an awful world, how to brew something called mead or beer and use it in very much the same way that people do turn to drugs for some kind of relief.

Mr. GORDON. We have a scarcity of research resources, I think.

Dr. FREEDMAN. Yes.

Mr. GORDON. Now, from the standpoint of the welfare of our society, how far down in the scale of values would you allocate our resources—our scarce research resources into these particular fields, not from the commercial standpoint, but from the standpoint of the welfare of society.

Dr. FREEDMAN. You invite me to a nice megalomanic speculation. I never thought I could order priorities for society. Could I include TV and a few other of our luxuries?