School of Psychiatry at the Menninger Foundation, and I have been for the last ten years, Visiting Professor of Anthropology in the Department of Psychiatry, in the University of Cincinnati College of Medicine.

I was president of the World Federation for Mental Health in 1956, and I was a member for seven years of the group who evaluated research for the National Institute of Mental Health. During World War II, as secretary of the Committee on Food Habits of the National Research Council, I developed the relationship between the human sciences and the field of nutrition. I have also had some experience with the field of the specific training given to detail men, by pharmaceutical companies, and with the relationship between government and industrial practice as chairman, 1965–1969 of the Committee on Science in the Promotion of Human Welfare of the American Association for the Advancement of Science, and as a member of the Board of Directors of the Scientists Institute for Public Information.

Specifically, I have combined intensive anthropological research in eight different primitive cultures, over the last forty-three years, with studies of our own American culture, of sub-groups within American culture and made comparative studies at a distance of other high cultures. I have been specifically concerned with the way in which American values were conveyed, inexplicitly as well as explicitly, by advertising, education, and the particular ethics and style of different professional groups, nutritionists, health educators, nurses, physicians, public relations practitioners, advertisers, architects, etc. both within the United States and in our relationships with the developing countries. I have been and am deeply concerned with the way in which we develop institutional changes by administrative or legislative action, and how styles of commercial behavior, and medical and health education, reverberate—together with United Kingdom, France, Germany, Switzerland, Japan and all industrialized countries—throughout the technologically underdeveloped world. Several years ago I was stranded for a couple of days in Kaboul, Afghanistan, where I met two detail men, one an Indian and the other a Pakistani who were representing exactly the same style of drug salesmanship that has been developed among detail men in the United States. In my testimony I will address myself to the problems of the psychotropic drugs, as they have been defined in previous hearings of this Committee on July 16, 1969 as major tranquilizers, minor tranquilizers, anti-depressants, stimulants and hypnotics.

But while doing so, I count it as my most useful contribution to place the question regarding this particular group of drugs within the wider context of American attitudes towards such problems as whether it is better to make an innovation which improves the chances that an individual will be healthy, happy and wise—to quote a traditional wish for a child—or to continue to cope with unimproved conditions, with our American attitude towards all substances which alter mood, and with our current attitudes towards drugs, which include our panicky response to the present—and inevitably passing as the first generation of Post World War II children move out of adolescence into adulthood—generation gap. It is also necessary to take into account our traditional attitudes which separate the pursuit of profit, appropriate to private enterprise, the pursuit of power, appropriate to politicians, the pursuit of good behavior, appropriate to educational and religious institutions, and the attempt to make a changing society more human and productive of great human well being, appropriate to those public and private agencies explicitly devoted to altering the relationship between current practice and potential for well being, such as public health, social case work, urban planning, etc. The traditional separation of the goals and appropriate practices of these different agencies, has fragmented contemporary life, and made it exceedingly difficult except in wartime. I will, however, relate to a wider cultural context of beliefs about the use of any stimulant or tranquilizer, and more widely still to cultural attitudes towards pain and pleasure, on the one hand, and to the general health network of research-development-distribution-prevention-care and cure on the other.

Psychotropic drugs are only appropriate for this particular inquiry because they have happened to represent a point where our moral attitudes towards stimulants and tranquilizers and other chemically effective agents cross our legitimate concern for the consequences of a health network which is developing at such galloping speed that many aspects of it are out of control. There is a frightening lack of integration of the roles played by medical schools, physicians,