

Dr. MEAD. I think we live through very complicated days under enormous varieties of pressures and unfamiliar situations, and in the morning we may need a stimulant and at night we may need a sedative, and the fact we vary this, that we have at our disposal some kind of pharmacopeia that works seems to me a very important thing, and what we are trying to develop are ways in which people can avoid unnecessary irrelevant suffering, unnecessary and irrelevant inefficiency, and prevent the buildup of the kinds of tensions that may lead to much more severe breakdown.

Senator DOLE. Well, when things go bad in my office, for example, should I take the tranquilizer or give it to my staff?

Dr. MEAD. It depends but I imagine it would be more useful to give it to you.

Senator DOLE. Thank you.

Mr. DUFFY. Dr. Mead, I would just like to pursue briefly one question that was asked you earlier. You were asked for your evaluation of taking certain drugs to improve performance. I think we got into it from the point of view of discussing this as to racehorses. I wonder if you feel there is anything wrong with a tired executive taking a psychotropic drug so that he is better able to enjoy a show or his dinner or something like that?

Dr. MEAD. Of course, I don't. I don't think there is anything wrong at all in this. Then I think this racehorse business, you know, is just a part of the vagaries which go toward our attitude on horseracing which we all know is a pretty suspect activity.

Mr. DUFFY. Thank you.

Dr. MEAD. I don't think there is anything wrong with a high executive taking a drink either if it doesn't befuddle his mind. If it does there is something wrong.

You know the next step, but I don't think it will be quite within the province of this subcommittee, will be a search for knowledge of the relationship between individual temperament, individual biochemical makeup and particular drugs. Now the prescriptions are being made very independently of any knowledge of the patient. It is only in good mental hospitals where very careful records are kept—and most of those are kept now under the impetus of the kind of investigations that are being carried on which have made FDA requirements for more careful records—it is only in such hospitals that you ever know which kind of patient responded to which kind of drugs. What we know at present is a drug is a drug that is good for depression. If that doesn't work you try another antidepressant. I would expect in 10 or 15 years we will have the means of diagnosing the biochemical composition of the body and the temperamental style, and the idiosyncrasies of individuals so that there will be something else for which you can press a console and find out whether a patient who responds in a specific way to a series of tests will do better on one drug than another.

But I am all in favor of anything that will make the high executive function better, that will keep our statesmen when they arrive for overseas conferences awake or put them to sleep for an appropriate amount of time, and any way in which we can control better our functioning in a highly dangerous world at a highly dangerous period in human history.