In other words, I think that Dr. Fitelson has produced concrete evidence that these particular drugs all fall within USP standards, and USP standards are more rigid than are absolutely necessary. They are not minimal standards. They are good standards.

He has here objective evidence that these drugs are equivalent. Now if somebody wishes to claim that there is some reason why they are not, I think the burden of proof ought to be on them, and they ought to come forward with objective evidence, not with testimonials and not with repeated claims.

I think this is the kind of thing that we have needed for years, objective evidence, and I am happy to see that we are now getting it.

Senator NELSON. This drug is in the USP, is it not?

Dr. FITELSON. Oh, yes, sir.

Senator NELSON. Yesterday Dr. Miller, testifying for the USP, said that all of the drugs in the USP are drugs with which there has been clinical experience, and again I am paraphrasing, I would not want to misstate it, but in any event they were satisfied therefore that the drugs that met USP standards were of equivalent therapeutic value, I think. Would you at least say that?

Dr. GARB. Yes. That is the reason why we have the USP. Otherwise, what good would it do to us to have a USP? It seems to me we have to assume that all drugs which meet USP standards are equivalent, and if they are not equivalent, I would like to know why they are not.

I know claims are made sometimes that they are not equivalent, and I have never been able to find out exactly why they are not, and here we have objective evidence that they are.

Senator NELSON. Are you satisfied that the kind of tests made by USP and the kind of tests made by Dr. Fitelson's laboratory, in terms of dissolution time and chemical contents and so forth cover the necessary spectrum of tests to give you some assurance that any one of them that meets this will have an equivalent therapeutic, clinical value?

Dr. GARB. I will put it this way.

The USP are much more qualified than I to select the tests which are pertinent. Dr. Fitelson has had much more experience than I in this area, and I would certainly rely on people like Dr. Fitelson and the USP and on their judgment as to which tests ought to be done. I have no reason to question their judgment as to which tests ought to be done. If these are the tests that the USP says ought to be done and Dr. Fitelson thinks ought to be done and they come out this way, I cannot see any reason to question it. If somebody has a reason, I think they ought to come forward and tell us exactly what the argument is.

Senator NELSON. So unless you heard a specific reason to the contrary, as a prescribing physician, you would be satisfied to rely upon the information furnished by USP or by this laboratory's tests in prescribing this particular drug from any one of the companies listed here?

Dr. GARB. Yes, sir.

Senator NELSON. Go ahead, Dr. Fitelson.

Dr. FITELSON. Our second survey was on meprobamate, of which Miltown is one, and here these were 400 milligram tablets, and there