had indicated the profession, all the time spent by this committee is well worthwhile.

Now, I said several times the tragedy was that the American Medical Association did not throw up the alarms, call a special conference, warn the doctors, do everything it could. It took a congressional committee with no expertise at all to bring it out and we cut the usage in one 6-month period from 20 million grams to four compared to the previous year.

I have seen no one come in and say we quit using it for indicated cases. They quit using it for nonindicated cases. We have had testimony here—and we are going to get into this much more deeply later—from doctors who specialize in drugs and the use of drugs, saying that six to seven, perhaps $8 out of $10 spent on drugs are spent needlessly. I think this ought to be made a matter of public knowledge. I think the profession ought to discipline itself and in many ways they have not, and if these hearings contribute to that, which I think they are, they will be worthwhile.

Now, when you get to the question of limiting a doctor's prescribing, referring to a formulary, I do not know of any better way to get the collective judgment of the best people in the profession and in a hospital formulary, as you are well aware, if the doctors on the staff are competent and if the formulary committee and the specialists there know what they are talking about, I would guess that the collective judgment of the internist and the surgeon, the pharmacologist, and the pharmacist and all the rest of the specialists sitting down and deciding on a formulary, that their collective judgment based on their special knowledge is better than a single judgment of any single doctor.

I would guess that that is true in any operation and that is why formularies are used in hospitals.

Now, if the formulary committee is so ignorant or careless that they will bar the use of a drug that will do a job that no other drug in the formulary will do, well, that is another indication to this committee of the incompetence of the profession or at least of this formulary committee. But to have doctors saying, as individual practitioners, without special expertise, just reading the literature, that they are better prepared to decide what drug ought to be given than a group of people who practice and have experience in it, I think is a lot of nonsense and so does every professional man I know of.

Dr. AYD. Senator, there are several comments I would make. One, I did not have in mind chloramphenicol when I was talking about side effects.

No. 2——

Senator NELSON. I think that is the one that has gotten big publicity here.

Dr. AYD. I agree with you wholeheartedly that there has been injudicious prescribing of medications, not only in the United States but in every country in the world.

Now, this I must stress, is due in part to the fact that there are physicians who are casual individuals, just as there are lawyers who are casual individuals, or businessmen who are casual individuals, and so forth. Even in the 12 Apostles there was a Judas. We cannot hope to eliminate human frailty by legislation.