Dr. WELLS. As a matter of fact, I believe the first really large-scale trials of Librium really took place in the VA, the Coral Gables Hospital, at which time there were comparisons made. We could supply the record of that work. I think if you look in your own literature you will see that Dr. Kaim was one of the first people to use this large-scale trial.

We satisfied ourselves at that time that this was a useful drug.

Senator NELSON. If you have some clinical studies since the Medical Letter's comments of June 5, 1964, we would like to have them for the committee. Let me read these comments:

> Few well-controlled studies have directly compared any of these drugs with phenobarbital or other barbiturates and clinical experience does not clearly point to any one of them as outstanding in the relief of anxiety, in incidence of such side effects as drowsiness and impairment of intellectual or manual skills, or in addicting potential. In the absence of a sound basis for a choice, picking a drug for a patient hampered by anxiety must be more or less arbitrary. . . .

Dr. HABER. Mr. Chairman, may I answer that, please? I have here a personal communication from Dr. Kenneth Lifshitz, of the Rockland State Hospital in Orangeburg, N.Y., an outstanding authority and contributor to the newly published volume entitled "The Principles of Psycho-pharmacology," edited by W. G. Clark, K. Ditman, D. X. Freedman, and C. Leake, one of the most eminent pharmacologists in the country.

Dr. Lifshitz' letter advocates the use of these tranquilizing drugs in the use, as I said specifically before, in geriatric psycho-pharmacology.

Senator NELSON. Is the $2.4 million worth of Librium being used mainly for that purpose?

Dr. HABER. A large proportion of it is used for that portion; yes, sir.

Senator NELSON. What kind of a check do you have on that?

Dr. HABER. I cannot answer that question specifically. I do not know the ages of all patients who get all of our drugs, but since half of our population is in that category, I am sure at least half of it is being used for that purpose.

Dr. WELLS. A great deal of it is also being used in our alcoholic treatment program.

Senator NELSON. Under first choice in the Medical Letter it says:

> If the choice is to be made by trial and error, it would seem wise to begin the drug treatment of disabling anxiety with one that appears to be as effective as any other, has the benefit of long use, low cost and a good record of safety. Phenobarbital in non-hypnotic doses of such a drug has the further advantage that most clinicians are thoroughly familiar with it.

Dr. WELLS. That is a very good opinion. I think there are opinions to the contrary.

Senator NELSON. There are opinions to the contrary?

Dr. WELLS. I say, I think there are opinions to the contrary.

Senator NELSON. Are there any controlled studies that show that it is superior that it, in fact, contradicts the Medical Letter, which witnesses before this committee have cited as the most distinguished authority of its kind in these matters? [1]

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[1] See Appendix I, p. 7740.