are those who have finished their residencies, have had considerable practice, and in their hands these are the drugs they have found to be accepted by the patients and which give them the results they desire.

Senator NELSON. I am sure that you are well aware we had the same thing with all the fixed dosage antibiotic combinations. Doctors all over the country used them and said they were effective despite the fact that the chairman of the AMA's Council on Drugs and a distinguished list of clinicians who were nationally known for their expertise, wrote an editorial in the AMA Journal as far back as 1957 decrying the use of these antibiotic combinations.

It has been the traditional position of the AMA's Council on Drugs that fixed combination antibiotics should not be used, that their use is poor medical practice, irrational prescribing. Then finally, the NAS–NRC comes to exactly the same conclusion, and recommends their removal from the marketplace.

Now, what are the qualifications for an individual doctor to say that he wants to use the fixed combination antibiotics because his experience indicates that it works and it is good for the patient and he knows better than the chairman of the Council on Drugs of the AMA and his associates which took that position 13 years ago and the National Academy of Sciences-National Research Council which took that position in 1968.

Admiral ETTER. Well, in that regard, Senator, I think certainly all these drugs which now have been proven to be ineffective or at least have, in their reasoned judgment, been declared ineffective by the NRC and NAS Council, will not be prescribed in our military hospitals. We are certainly—we are dedicated, Senator, to providing the best possible drugs we can for the treatment of our active duty and dependents personnel and retirees—the best possible drugs at the least possible cost, because cost is a real consideration for us now at the present time. This is where I get into it on one of my jobs. My main job is as Assistant Chief, Planning and Logistics, where I can control the budget for all hospitals. I am interested in economies, as we all are, but at the same time, not economy at the expense of the patient.

Senator NELSON. But what I am trying to get at here is, how do you get the best medicine for your patients—at the best economy—if the prescribing physician is going to have the kind of influence he does at the hospital—an influence contrary to the best medical expertise in the United States?

Admiral ETTER. We are not now in the position, Senator, of thwarting their advice. We are taking the advice of the experts at the present time.

Senator NELSON. Well, let me just read a couple to you. Here is a drug called Fiorinal. You purchased in 1968, $238,383 worth of Fiorinal, which is an APC plus butalbital. It is an analgesic.

Now, here is what the Medical Letter says about Fiorinal, volume 3, page 21:

It has never been convincingly shown that the combination of aspirin, phenacetin, and caffeine as in Fiorinal has greater analgesic effectiveness than aspirin alone.