Volume 9, page 38, "If aspirin alone is not effective, a sedative drug, in place of or in addition to aspirin, can be tried". For example, phenobarbital, as an alternative to Fiorinal. You have the Medical Letter saying it has not been shown that in combination it is better.

The price for aspirin is 70 cents a thousand, for phenobarbital $1.10 a thousand, for Fiorinal $8.58 a thousand. If you had followed the advice of the Medical Letter, instead of spending $238,383, a comparable amount of the aspirin would have cost $19,504, a saving of over $200,000, or the comparable cost of phenobarbital would have been $30,000, a savings of $208,000.

Now, what clinical evidence was given by those who asked at the hospital level that Fiorinal be on your list, to prove that it was a better analgesic than aspirin or a better sedative than phenobarbital?

Admiral ETTER. Colonel Fairchild, do you have a response to the Senator here?

Colonel FAIRCHILD. I will try, Senator. I am Colonel Fairchild, president of the therapeutic agents board of Walter Reed. If I may stick to Fiorinal as an example, I personally am concerned that it is in the formulary. I would like to see it not in there. However, the young doctors coming from schools in other parts of the country, have been using a drug, for example: Fiorinal. They want to continue to practice as they have practiced where they came from. They put in a request to our therapeutic agents board through their chief of service. Then a search is made at that time to find comparable items. Our pharmacists at the same time will be checking prices now. The prices would be compared. The requesting physician would have to present his case to the chief of service, and then the chief of service and the man himself would have to present it to the therapeutic agents board, which meets once a month. If he can convince the group of the therapeutic agents board that he, in fact, needs this medication to continue his practice, then it is purchased locally.

This acceptance is following a sometimes relatively heated discussion whether or not a medication really has any value over, as for example, aspirin or phenobarbital.

And then as I understand from this particular point or, as the hospital uses more and more of a given medicine, whether or not it is justified as the hospital uses it and it becomes a high-cost item, a request is made for standardization of the Army.

Senator NELSON. How are we ever going to accomplish the objective of the higher standards of the profession in terms of rational prescribing unless we are going to require that the young people who come into the medical practice in your jurisdiction or the Veterans' Administration be required to prescribe rationally? I am astonished to think that a young doctor coming into the hospital would sit down with the therapeutics committee where you had a clinician with many years of experience, where you could produce the Medical Letter, where you could produce the evidence of what the drug was and what it was used for, and show him that he was advocating one which cost much, much more and that there was no proof that it was superior and if he could not produce any proof himself—I think it would be astonishing for him to take the attitude