he wants to prescribe it anyway. If he did, I do not think he ought to be practicing medicine. I just do not understand that.

Colonel FAIRCHILD. It is not only young doctors.

Senator NELSON. When I went into the Army, they did not allow me any of my idiosyncracies for very long.

Colonel FAIRCHILD. Not only the young doctors. We are getting in older doctors who come into the service. They have their own likes and dislikes, too.

Senator NELSON. I understand your position: you do not believe you should have Fiorinal in the formulary. But, I think we have demonstrated quite clearly over a period of time in our hearings, that even when you get to a physician with all the authority the military has over its hospitals and personnel, including the capacity to establish the best formulary and the best guidelines for medical practice in hospitals according to the best standards that can be established, that even the Army cannot do it. It seems to me, then, the possibility of really achieving rational prescribing by doctors on a whole series of complicated drugs and me-too drugs and duplicative drugs is out the window. It cannot be done. You might as well admit it. I have a list here of drugs. They run the same. Here is Zactirin, which is a fixed combination drug consisting of ethoheptazine citrate and aspirin. The National Research Council of the National Academy of Sciences states: "Zactirin is possibly effective as an analgesic but only because it contains aspirin."

Well, you spent $472,131 on Zactirin in 1968 and 1969. The amount you would have spent on aspirin is $22,467. It would have been a saving of $450,000 in view of the National Academy's statement that it is effective only because it contains aspirin. The NAS–NRC concludes:

> This combination may be no more effective as an analgesic than the amount of aspirin present.

How do we justify spending an extra $450,000 when the National Academy of Sciences states that it is no more effective than the aspirin it contains?

Colonel FAIRCHILD. May I speak to that?

Senator NELSON. Yes.

Colonel FAIRCHILD. Although it is, I think, relatively difficult to defend, I would like to cite a case, if I may, of a lady. Let us take a 55-year-old who has had for years a disfiguring rheumatoid arthritis, and over the period of years she has tried this drug, that drug, and another drug. One day she meets Zactirin, and Zactirin seems to hit the spot with her. It is difficult then after a period of 4 or 5 years of success with Zactirin for the physician to withdraw that particular drug and say aspirin is just as good. And that is the position we are put in, the relationship between the physician and the patient.

Senator NELSON. You are not telling me, are you, that in every case this drug is used, the Military Establishment had first tried aspirin or some other analgesic for years, and then went to Zactirin because Zactirin worked? I assume, because of the purchase, that this drug is now on your type classification list, is it not?

Colonel FAIRCHILD. It is; and it is in our formulary, but the drug is not in our pharmacy. It just was an example that we could use——