Senator NELSON. Well, you know better than I, that an inexpensive analgesic which works for 99.9 percent or more of the people may not in some rare instance for some reason that no one understands. In which case you might have to go to another drug which works but costs more. This, however, is not the position of the National Academy of Sciences, and that is not how the drug is being prescribed in the military installations. It is a type classification and it is being prescribed instead of aspirin in the face of the judgment of the National Academy of Sciences and in the face of Defense Department claims of budget squeezes.

Here is where you could have saved at least $400,000 and still bought it for this little old lady who had the problem you are talking about.

Colonel FAIRCHILD. I think you will find that we are gradually getting these things out and that the relative use of them is becoming smaller and smaller.

Senator NELSON. Well, that was $400,000 worth.

Let me take one that is very substantial. In 1968–69, your figures indicate an expenditure for Ornade of $4,373,147. Ornade was bought for the treatment of upper respiratory infections. The National Academy of Sciences-National Research Council panel says it is unaware of any evidence that Ornade is effective for congestion or hypersecretion associated with the common cold. Furthermore, several carefully controlled studies, in which different antihistamines were tried, disclosed no alleviation of symptoms or shortening of duration of symptoms of cold. NAS–NRC said that Ornade and other antihistamines may be beneficial in the treatment of allergic rhinitis but allergic rhinitis is being treated in that instance, not the upper respiratory infection.

Here you have the National Academy of Sciences taking a position against the use of Ornade and $4,373,000 worth of the drug has been purchased. What is the explanation for that?

Admiral ETTER. Well, in this regard I am not sure when these purchases for Ornade particularly were made relative to the NRC–NAS recommendations. As I am sure you are well aware, Senator, these recommendations are now just coming off the press in fairly voluminous numbers, and these all will be taken into consideration in all of our future purchases. Up to now our system just has not caught up with the NRC–NAS studies.

However, I will say this about Ornade in particular. I was chairman of the therapeutics committee 3 or 4 years ago in the Portsmouth Naval Hospital, at which time it was not on the table. There was, as Colonel Fairchild indicated before, quite a heated discussion, and our ENT people were bound and determined that this drug should be type classified because of the large usage of it in the pharmacy. They were convinced at that time that it was a good nasal decongestant. They were convinced at that time it was the best one they had available. Based on that, the Navy went along with the type classification, and I said we could put it in the formulary. But here you are putting yourself—in this instance the chairman of the group is putting himself up against the clinician who has observed the drug. At least, his objective feelings about Ornade were that he