felt that his patients were getting relief by having been given Ornade. Whether this treatment would have been just as good with Benadryl or others I cannot say, but they were convinced this was the drug of choice.

Senator NELSON. NAS–NRC said it was good for rhinitis. But that was not what the procurement was for in the Defense Department requirements. The specifications state: "Shall be suitable for use in the treatment of upper respiratory infections"—that is the specification demanded by your Department in purchasing.

What I am saying is, what evidence did anybody ever produce that Ornade was of any value for upper respiratory infections?

Colonel FAIRCHILD. It actually does not help the infection, sir.

Senator NELSON. Pardon?

Colonel FAIRCHILD. It actually does not help the infection, but it relieves the congestion so the individual can carry on his work at the time he has a cold. That is the difference between keeping a man at his job and losing him to stay home and blow his nose.

We brought Ornade up before our Board several months ago and just because of the extra expense we felt this was a drug that we could perhaps do without and use something else instead. And we asked all our chiefs to justify the continued use in our formulary of Ornade and those who were for it were in the majority. So we had to continue the use of Ornade. But we reviewed it just recently for this very thing that you bring out today.

Senator NELSON. Despite what the individual doctors' testimonials were respecting Ornade, the NAS–NRC panel said that several carefully controlled studies in which different antihistamines were tried disclosed no alleviation of symptoms or shortening of duration of cold symptoms. So, you have a situation where a doctor is giving testimonials and you are stocking the drug without evidence that it does what it is alleged to do. For this the Government is spending a large amount of money.

I just keep getting back to the question, how can we have rational prescribing in this country if the military cannot achieve it, although they are in total control of what should be purchased and what should be prescribed and they can call upon the best expertise in the United States to help them make the judgment both within and without the service. How much credence would you give to a doctor who would say he does not agree with the Medical Letter, with the Drug Council of the AMA, with Dr. Dowling and Dr. Modell, and with the expert clinicians on the various panels of the U.S. Pharmacopeia and the National Formulary? You have all that expertise available to you. Why don't you use it and say, this is our formulary, we are going to practice good medicine here?

Admiral ETTER. Senator, I think we are making progress in this regard. I sincerely do. I think as a result of many of these authorities you quote, that we are going to be in a much better position in our local hospitals to evaluate these drugs on possibly a little more rational basis, but it is very difficult to evaluate a drug entirely rationally when the physician himself feels that this has been a useful tool in his hands.

I would like to ask Captain Fox if he has anything to add to the