discussion so far from his experience at Bethesda. He is the chief of medicine, Naval Hospital, Bethesda, and is the chairman of their pharmacy-therapeutics committee.

Captain Fox. Senator, I agree with Colonel Fairchild, that I personally would not prescribe many of the items that have been mentioned here so far this morning. I do not think I have ever prescribed Zactirin. Ornade, on the other hand, remember, Ornade is a combination drug. I gather that the NAS–NRC study was referring to the antihistamine part of the Ornade and I think that probably is true, although a few years ago there was general thinking that an antihistamine did have a drying effect on the nasal passages. I think this idea is not being adhered to and people are now beginning to believe antihistamines are ineffective for nasal congestion.

On the other hand, Ornade does have other agents, strictly decongestant agents, and I think it is effective in that sense, but not in combination with the antihistamine.

Senator NELSON. Of course, there are lots of cheap decongestants in terms of nose drops, et cetera, rather than using Ornade.

Captain Fox. Yes, sir.

Senator NELSON. I will recite another case for the record. Darvon is an analgesic. Its established name is propoxyphene HCL. Total expenditures for Darvon were $4,360,784. The comparable cost of aspirin would have been $172,380, a savings of $4,188,404.

Yet, the Medical Letter, volume 12, page 5, says there is no evidence to "establish the superiority of 65-milligram doses of propoxyphene to two tablets of either aspirin or APC."

In the few studies which have been done, a 32- to 65-milligram dose of Darvon "has consistently proven inferior to aspirin."

Then why use Darvon?

Captain Fox. I agree, sir, but that volume 12 of the Medical Letter is the current volume. This information has not come out until recently, although the studies that they are basing it on have been accumulating over several years' time.

Senator NELSON. I understand. That is the issue dated January 23, 1970. But my question is: Since there are well-established, effective analgesics, does not the procedure that the DOD follows in acquiring drugs actually encourage this sort of thing, because you do not require proof of a new drug's superiority to established, effective, and less costly drugs before you give it a type classification or before you let it be used in your hospitals?

Captain Fox. Well, Senator, the Armed Forces do not practice a brand of medicine that is any different from civilian medicine. Most of our doctors are civilians who come in and spend a few years, 2 usually, and then go out, and our turnover rate is very high, as you know. We are just part of the civilian medical community, and I do not think that we can try to enforce standards that are not being enforced in the civilian practice.

Senator NELSON. There are some therapeutics committees in private hospitals in this country, in public general hospitals, that are tough and have established a high standard, and would not permit any of these drugs on their formularies and those are civilian hospitals. Why could not the military establish a therapeutics commit-