tee with, if necessary, outside consultants to secure all the guidance it can and then say we are simply not going to spend this kind of money on drugs that are either ineffective or not more effective than established drugs available in the marketplace, and if a physician wants to prescribe them, he must come up with a justification showing its superiority—something other than a testimonial?

That is done in many important hospitals in this country now. I recognize that there has been a vast accumulation of knowledge about drugs in the past 5 or 10 years, but it would seem to me that military installations ought to be leading the parade in the establishment of a standard for use of drugs that is not excelled any place in the country.

Captain Fox. I think we are headed in that direction, Senator. It is a slow process. It takes education at all levels.

Senator NELSON. Counsel calls attention to the testimony of Dr. Harry Williams, a distinguished pharmacologist from Atlanta, Ga., who is professor of pharmacology, Emory University School of Medicine, Atlanta, Ga. He testified on Librium and he says Librium costs somewhere around $50 a thousand:

> Faced with a choice between whether to use that drug or use phenobarbital, which we use at Grady Hospital, and which in many cases is equal to and in some cases superior to Librium, which costs us 9 cents per 1,000—

This is 9 cents versus $50—

> the average physician has nowhere to go to find out whether the statement made by the drug company that Librium is the successor to the tranquilizers is really true. He has no place to go.

This is a case where they replaced Librium, a drug costing $50 a thousand, with one that costs them 9 cents. The whole pattern over the past 3 years in our hearings indicates the same type of thing, that is, where expensive brand names of some kind or another are used for a purpose for which they either are not effective or no more effective than a well-established drug available in the marketplace at a much lower cost. I am concerned about establishing procedures, as I am sure the professional people are, procedures which would require the practice of good medicine. I can't accept the idea that somebody may resent it because he is used to prescribing something else; adoption of procedures to promote rational prescribing will enhance his medical education.

Here are the cases of Librium and Valium as tranquilizers: total purchases of a little over $6 million, $3,191,000 plus for Librium, $2,932,000 for Valium. Comparable cost for phenobarbital for the Librium would have been $132,976 instead of $3,191,442. Comparable cost of phenobarbital for the Valium would have cost $88,000 versus the Valium cost of $2,932,200. So, there would have been a savings of almost $6 million had phenobarbital been purchased instead of Librium and Valium.

The Medical Letter, in volume 11, says both drugs "are effective sedatives but it is still not clear that they have any important advantage over barbiturates."

This is another example, it seems to me, where physicians who want to use a more expensive drug ought to be required to produce