evidence that it has some superior qualification over and above testimonials of individual physicians.

I will put this material into the record and I will put the tetracycline case in the record also. They stated in the Medical Letter, "At recommended dosages and frequency of admission the different tetracyclines have similar clinical effectiveness."

Well, oxytetracycline was purchased by your Department. Chlortetracycline, demethyltetracycline were all purchased by the DOD at a cost of $2,959,000. Comparable cost of tetracycline hydrochloride would have been $610,000, with a savings of $2,349,000.

It has been argued for a long, long time by clinicians that there is no superiority of these other tetracyclines over tetracycline hydrochloride, which is the position of the Medical Letter. I think it demonstrates the problem of allowing a type classification to originate willy-nilly based upon the prescribing bias of individual physicians in miscellaneous Defense hospitals around the country, does it not?

Admiral ETTER. Well, that is awfully hard to argue against, Senator. It is very hard to argue against your position in this regard, but I think, as Dr. Fox pointed out, progress is being made, and many of these reports you are speaking about now are just now surfacing. A lot of this is just now coming to the attention of the hospital authorities and the board and DPSC, and I think there will be some changes in our customs and practices.

Senator NELSON. Is it not true, that unless the procedure is changed, this will be repeated over the years? Unless you establish a therapeutics committee, using the guidelines of the best expertise on drugs in the country, and unless you require the prescribing physician to prescribe from a formulary established in accordance with the best available knowledge, as new combinations or new variations of old drugs come out, there will be advertising and promotion, as a result of which there will be a new Librium, a new this, or a new that, for which there is an old established drug available. Under the system you follow, is it not true that you would end up with thousands of type classifications for drugs which are based solely upon usage at the local level with no proof that they are superior to available established drugs at all?

Admiral ETTER. Well, Senator, speaking about hospital pharmacy-therapeutics committees, I think that the ones in existence now at Walter Reed, Bethesda, and at Andrews certainly represent some of the best professional talent in this country in the medical field. All the specialty fields are covered, and they are noted in their fields. I think as it is, these people—these boards—will become aware of these things, and will make the changes. It has to be, I feel, an evolutionary thing rather than revolutionary thing.

You just cannot dictate to doctors summarily how they are going to practice medicine. It just does not work. They are not that breed of cat. As Dr. Fox pointed out, these that we have are a cross section of the civilian physicians, and as long as they want to do these things, they are doing these things in their own way. We have to go along with them up to an extent.

Now, we can put on the brakes, and brakes are being put on. As