Admiral ETTER. I am glad you added that last phrase, "if, in fact, that is the case."

These are circulated and are read at the weekly and monthly meetings of the medical staff. Every effort is made to get as much information as possible to the practicing physician. Also, the headquarters divisions of the three services put out bulletins, put out monthly notices, at least, on all of the information which is put out by the National Research Council and NAS in an attempt to get this disseminated.

Now, you can lead a horse to water, I will admit, but you can't make him drink. But we do everything we can in the service to try to keep him abreast of the most recent advances in medical literature.

Could I ask Colonel McCabe if he could add to this. He has not had a chance to say anything yet.

Colonel McCabe from the Army Surgeon General's Office.

Colonel MCCABE. I think, in general, our physicians keep themselves up to date through their own devices, through the usual staff meetings.

I don't think it is practical for us to reduplicate an entire information-producing system that has grown by tradition as a way to educate physicians, namely, attendance at professional meetings and reading the available literature. It seems to me highly uneconomic to reduplicate all this.

So we expect our physicians who come to us as qualified physicians and remain with us for a long period of time, to maintain their own competence through the usual professional channels. We do provide a certain amount of information through DOD channels, but I don't think we should try to reduplicate the entire thing. It would not be economically feasible to do this.

Mr. JONES. As a practical matter, would you anticipate that the Medical Letter article concerning Darvon would affect DOD purchases of Darvon?

Colonel MCCABE. Well, I think with any of these things there is an evolutionary process and not a revolutionary process when there is change found in drug efficacy or drug use. Why does an individual physician want to use a drug or have it presented to a therapeutic agent board? One—he has read about it in the journals. Two—his colleagues have used it, perhaps, and told him they find it effective. Three—he has used it himself before he came into the service and found it effective, and, therefore, in his own best clinical judgment this is a drug which he would like to use. If he wishes this to be put in the formulary of the hospital, then he would present it to the TAB, again, who are, I think, conscientious individuals, not pharmacologists but practicing physicians.

This is not a rubber-stamp operation. There are many drugs presented that are not used, but they are in that situation that when someone is told, "No, we are not going to put this drug in the pharmacy," he is sitting in a room with these people who can discuss it, and it is not someone far distant who is, by fiat, practicing medicine for him. Someone in the same room is saying, "We don't think it is economic. We don't think it is good enough. We think there are better drugs, and better drugs you can use."