time was purchasing Meprospan, the sustained release form of meprobamate, from Carter-Wallace for $34.25 for 500 tablets, or 2,300 percent as much as plain meprobamate. Neither the USP nor the National Formulary recognize the use of long-acting preparations as good medical practice, and the NAS–NRC panel of experts told the subcommittee that "most of these oral preparations of this type are not doing what they purport to do" and that their use can be dangerous.

The Defense Department spent about $3 million in 1968 and 1969 on demethylchlortetracycline (Declomycin), oxytetracycline (Terramycin), and chlortetracycline (Aureomycin). If the Department heeded the advice of the medical experts and used the drug of choice of this family of antibiotics, that is, plain tetracycline, $2.3 million would have been saved.

The Department of Defense bought $133,584 of Equagesic, a combination of aspirin and meprobamate. The NAS–NRC report says that "this combination may be no more effective as an analgesic than the amount of aspirin present." The comparable total for aspirin would have been $2,721, or a saving of $130,863.

Both the VA and the DOD spent $683,632 for Peritrate, a drug used for angina pectoris, which, according to expert testimony, is "not effective compared to a placebo." It may be mentioned also that the American public spent $22 million in 1968 and $19.5 million in 1969 for this drug.

These are only a few examples of the large number of ineffective and unnecessary drugs being bought and used by the Federal Government in many of its programs.

Our witness today is the Commissioner of the Food and Drug Administration, who will discuss problems of rationality in drug usage. Our witness tomorrow will be the Comptroller General, who will discuss problems of rationality and competition, and small business in drug procurement.

On February 1, 2, and 3, the Government agencies will be returning to discuss the various changes they have made to bring about more rational and economical drug use and procurement.

Dr. Edwards, your testimony will be printed in full in the record.[1] You may present it however you wish and if at any time you desire to extemporize on it or elaborate on anything you have said, feel free to do so and we will be glad to take time for any comments of your counsel, Mr. Goodrich or Dr. Simmons. Go ahead.

STATEMENT OF DR. CHARLES C. EDWARDS, COMMISSIONER OF FOOD AND DRUGS, PUBLIC HEALTH SERVICE, U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE; ACCOMPANIED BY DR. HENRY SIMMONS, DIRECTOR OF BUREAU OF DRUGS; AND WILLIAM W. GOODRICH, ASSISTANT GENERAL COUNSEL, FDA

Dr. EDWARDS. Thank you, Mr. Chairman. I would like to introduce the gentlemen with me. On my right is Dr. Henry Simmons, Director of our Bureau of Drugs. On my left, Mr. William Goodrich, who is the General Counsel of FDA.

[1] See pp. 8444–8465.