a little over 13 million doses of all the tetracyclines and of this 12½ million were tetracycline hydrochloride.

Senator NELSON. I hadn't remembered that figure. I know AID testified yesterday that there are a number of tetracyclines they were not going to buy any more because of the expense. Chlortetracycline, doxycycline, methacycline HCL, and three or four others.

Well, I don't want to be misunderstood about this. I don't think this committee or any congressional group should in any way attempt to dictate the practice of medicine. All I am attempting to do is insist that good medicine be practiced and that the profession itself insist on the highest standards because, at least so far as the Congress is concerned, these are taxpayers' moneys.

Dr. Edwards in testimony before the committee a couple of weeks ago made the statement with which I agree, and I think you would, too, that—

> Government as a major purchaser of drugs should and must insist upon the least expensive of equivalent drugs and upon rational choices among different drugs which satisfy the same medical needs.

That is all I am talking about here, not that we should attempt in any way to tell the medical profession how to practice but that we are entitled to say to Government agencies who are using taxpayers' money that they, at least, follow the best scientific knowledge within the medical profession themselves.

Dr. WELLS. I think we would wholly concur, and we certainly subscribe to the statement of the Commissioner. It is very much in line with our own policies.

Senator NELSON. Well, then, do you scrutinize the formularies of the various Veterans' Administration hospitals as to what goes in the formulary and what drugs are used in the hospitals? Do you have a careful scientific review of that at the national level?

Dr. WELLS. Indeed we do. The Hospital Committee itself has a regular monthly meeting with minutes of all the transactions which are transmitted to the central office. Then the committee that Dr. Chase chairs reviews these in depth and uses consultants for special points, so that this is an extremely well-monitored, carefully scrutinized formulary.

Senator NELSON. What do you do if you find something on the formulary that ought not to be there or that substantial amounts are being used when you know, within the profession, that there is an equivalent therapeutic agent that is much cheaper?

Dr. WELLS. Dr. Chase.

Dr. CHASE. We go back to the hospital, make contact with the chief of staff of the hospital, draw this to his attention and ask him to review this with the station committee.

Senator NELSON. How often have you done that in the past few months?

Dr. CHASE. Not often, principally because it is our impression that the competencies of these groups are good and that since we have been stimulating them to review this in terms of the cost