

relationship, that they have done a creditable job in this relationship.

I think this is pointed out actually, Senator, by the figures which Dr. Wells just gave you on tetracycline.

Senator NELSON. All right. Please continue.

Mr. JONES. Excuse me, Doctor. Before you continue your testimony, I would like to ask a couple of questions about Darvon. To clarify the earlier testimony, does the VA purchase 110 million units of aspirin and 51 million units of Darvon?

Mr. STATLER. Right; 110 units of aspirin type analgesics, that is chiefly aspirin, and 51 million doses of Darvon products.

Senator NELSON. Was that part of the—

Mr. STATLER. We purchased 110 total analgesics other than Darvon. That would be primarily aspirin and Tylenol, acetaminophen, as compared to 51 million doses of all the Darvon products.

Mr. JONES. So that roughly speaking, for every two aspirin you dispense, you dispense one Darvon.

Mr. STATLER. That is a fair assumption.

Mr. JONES. I think that has been described as the routine prescription of Darvon and you have also stated you are going to discourage that in the future. What precise steps will you take to discourage that routine prescription?

Dr. CHASE. This has been a continuing effort. This is by personal contact with the field and by written communication. The whole question of Darvon has been a difficult one because of what appears to be therapeutic efficacy to the individual practitioner in dealing with his patient; and as I am sure you are well aware, pain being the kind of symptom it is, the physician is motivated to relieve pain as quickly and as effectively as he can, and after the preliminary trial of aspirin, comparable disease states and comparable type patients, the physician is motivated not uncommonly to go to the top analgesic which he can find which is non-addicting, which is safe for the patient.

This is also related to the high incidence of complicating diseases which we have in the VA, the relatively high frequency of ulcers and the aged patients. The physicians attempt to give the safest analgesic which they can. We are all aware and we have actually been preaching on the other side of the coin, be alert that aspirin produces gastric irritation and this can be a reason many times for not so small gastric bleeding. So a fine line has to be walked in how we wish to stimulate our physicians in the practice of medicine.

Dr. WELLS. We have taken some steps in the last few months which we would like to outline. First, we directed our hospitals to remove from their local formularies all those drugs listed by the Food and Drug Administration in a publication dated November 1, 1970, as lacking substantial evidence of effectiveness or as having an unfavorable benefit to risk ratio. I would like to submit for inclusion in the record our directive on this, Department of Medicine and Surgery Circular 10-70-237, December 4, 1970.

(The information above-referred to, follows:)