

General HAYES. Well, if we want to get to it, I do not think APC is a very sensible combination, any way you use it, with or without Darvon. It is an irrational combination in my own mind. But Darvon and aspirin together do give an increased analgesic effect. But again, I come back to that point that in the other analgesic agents, the anti-inflammatory capability that aspirin has is missing, by and large.

Mr. GORDON. How about Ornade? The DOD spent almost \$1 million on that.

General HAYES. Fundamentally, Ornade and Dimetapp represent in the service pretty much what they represent outside the service. They are a well accepted drug by both the patients and the prescribing physicians. They are popular.

Colonel LINDSEY. They are in the top 50.

General HAYES. They are in the top 50 across the country.

Senator NELSON. The AMA's Drug Evaluations describe Ornade as an irrational mixture. NAS/NRC evaluation is possibly effective. "The panel is unaware of any evidence that this combination or any of its components is effective for this indication." It goes on to say that several carefully controlled studies in which different antihistamines were tried disclosed no alleviation of symptoms or shortening of the duration of symptoms of colds.

General HAYES. Well, I think we all agree with that. And it again is a matter of how you look at it. Some patients do get relief, they feel at least, with the use of these substances. And I am not talking about the specifically named drugs now, I am talking about the general product. The atropine-like aspects of some of the components do help with the stuffiness. I do not feel competent to say anything against the recommendations of the AMA or the Council on that.

Mr. GORDON. When you drop the ineffectives, the possibly effectives, the irrational and the unnecessary drugs, including fancy duplicates, what do you estimate DOD will save in the next fiscal year?

Colonel LINDSEY. We have already dropped the ineffective and possibly effective. I do not think there is any chance that we are going to drop the drugs that are listed by AMA as "irrational." Some of these things are standbys in a man's practice. It is going to take a generation or two generations of education to do it.

The good example is triprolidine and pseudoephedrine. This is a bread and butter staple item of the physician in the emergency room taking care of a sick kid. If we dropped all the irrational combinations and—what was the other category you mentioned?

Mr. GORDON. The irrational, the unnecessary, the possibly effectives.

Colonel LINDSEY. We have already dropped the ineffective and the possibly effective. If we dropped the irrational—let's say we dropped Arfonad and we put the two ingredients down in the emergency room and the physician had to write two prescriptions and not one and we had to buy two drugs and not a combination, we would save nothing.

Mr. GORDON. I am talking about what are you planning to do. Those that you are planning to drop and have dropped already—what do you expect to save in the next fiscal year?

General HAYES. I do not know how we can project that, Mr. Gordon, because it is a matter of moving evolution so that we do not, at the moment, say, well, now, this year we are going to drop drug X. It is