

quently for the common cold. Do you plan to do anything about this? Have you issued any instructions?

General HAYES. Let me see what I can find. Without finding it, let me answer yes, as part of the continuing education, in the same types of publications that I have talked about, either the Navy's, U.S. Navy Medicine, they call it, the Army's Medical Bulletin, the Air Force's Medical Service Digest—these aspects are addressed directly, that the prescribing of antibiotics for nonantibiotic conditions is discouraged. Again, it is a habit pattern that has developed in the country and it is going to take time to get this kind of thinking reversed. But it is being addressed.

Senator NELSON. An article in the *Annals of Internal Medicine*, April of this year, volume 76, No. 4, states that:

It is equally apparent that a large amount of drug prescribing and drug costs are for a common, benign, and self-limiting illnesses; for example, the uncomplicated common cold. The U.S. National Marketing Research Data also indicate that most physicians—about 95 percent—would issue one or more prescriptions to a patient diagnosed as having the common cold and almost 60 percent of these prescriptions will be for antibiotics. Data are not available to determine what proportion represent bacterial complications of an illness that was originally viral.

This seems to indicate a vast overprescribing of antibiotics for non-indicated uses, would it not?

General HAYES. Oh, I would not argue with that at all.

Senator NELSON. Well, if that is common in the profession—they are saying 95 percent prescribe something and 60 percent prescribe an antibiotic—have you tackled that specific question?

General HAYES. I have found a reference of the kind I am talking about. This is the Navy U.S. Navy Medicine, March 1972. In a letter to the editor discussion back and forth, with a comment from Captain Fox, the Medical Corps, chairman of the Formulary Review Committee, and I will just quote one thing: "Antibiotic prescribing in my own experience is much more rational and restrained now than it was 5 years ago. But there is still a tendency to use an antibiotic when none is needed or to use a large dose when a small one will do the job."

This is what I mean by continuing exposition of the problem through the various professional publications of the services.

Senator NELSON. Have you attempted to establish any procedure for a base line, so to speak, so that you will know 1 year, 2 years, 3 years from now what changes in the prescribing practices have occurred within the institutions within the Army?

General HAYES. Well, I think that will come, first, out of the figures that Colonel Lindsey's shop will develop as the demands are identified. Also, as I say, the Air Force is keeping good track on the various hospitals, and they can do this well, of what is being used. I think we will see the trends of our educational efforts as time goes on, and we plan to keep monitoring this.

Senator NELSON. Do you maintain statistics on an institution-by-institution basis on what drugs are used and for what purposes?

General HAYES. The Air Force does. The other two services do not. They are not set up at the present time in their accounting system to be able to do it. The Air Force, by virtue of the fact of its data processing, can do it.

Colonel LINDSEY. Senator, we can retrieve data by hospital or medical facility of type for all three of the services. We do not usually do