this because we have enough other things to do. We do watch the flow of total service demand. Some of the happenings to these demands when an item is announced as possibly effective, for example, are very interesting.

General Hayes mentioned dextroamphetamine sulfate and Chlortrimeton and Eskatrol. As soon as we indicated that this compound was possibly effective and delimited standards, the demand dropped by 90 percent and we suddenly wind up with 35 years and 8 months' supply of this stuff at current consumption rates. This is an example of where people can and do get to work.

Senator NELSON. That is not considered an excess supply in the military, is it?

Colonel LINDSEY. That is a minor item of excess supply.

General HAYES. To give you an example, to answer that question about being able to monitor and monitoring, this is the Carswell Air Force Base, Tex., read out in response to the "How much does it cost" program. It is put together in two ways. One is a gross grouping, cardiac therapy. Cost quarter ending December 31, 1971, $13,231 and $15,208 for the quarter ending March 31. The cost differential there, $2,000 plus.[1]

But in tranquilizers and antianxiety, which is the next line item that I see here, the cost in quarter ending December 31, 1971, was $9,448; for the quarter ending March 31, 1972, it was $7,111, or a minus $2,337.

Now, further back they actually go into the line item listing. Again they give the unit of issue, the unit of cost, the cost per day, cost per tab, the issues between January and March—well, for each quarter—to the end of the listing, which ended in March of 1972. They can tell the numbers of issues and the total annual cost by quarter.

So this monitoring of what is going on can be kept at a very good level. And this is a pretty small base in one sense.

Senator NELSON. Is that in the Air Force?

General HAYES. This is Carswell Air Force Base.

Senator NELSON. As you may recall, we discussed the question of rational prescribing in your last appearance about a year and a half ago. I suggested that it seemed to me that if there was one place in the practice of medicine where it would be possible to establish the best kind of program of rational prescribing, it would be in the military services. I do not know the complications involved, but I am just wondering if it would be valuable if each of the hospitals in the military maintained records the way the Air Force does so that you would be able to compare the situations throughout the military in what has been prescribed and what is done.

General HAYES. Ideally, you are right. But there are practicalities. The Air Force has the system set up and can do it. The other services have to do these things manually in most instances. They have spotty computer capability. But even at that, as I read to you from Martin Army Hospital down in Fort Benning, they have taken the trouble to review the utilization in a manner similar—not in as detailed fashion, but it gives the information in a usable, educational way. So that the various hospitals are doing this, using the techniques that are appropriate to what they can—what they have used and can use. So the spirit of your suggestion is being followed.

Senator NELSON. Within any hospital I assume you know what they have procured from you and they also know what they have procured

[1] See p. 9045.