the military sent telegrams to all of their installations ordering them to discontinue the use of ampoules found defective.

In another instance the FDA was advised by DSA that a drug firm had submitted a sample of petrolatum which failed to meet the USP standards. In addition, a mineral oil sample that was furnished by the firm had a foreign odor. The FDA made an immediate follow-up inspection and learned the firm was repacking mineral oil, glycerine, and petrolatum with the same equipment used to pack a variety of insecticides. Laboratory examination of the firm's repacked drug items showed they were contaminated with several insecticides, including malathion, lindane and DDT. Results of our findings were teletyped to the VA, the firm's only drug user, which placed an immediate embargo on all of the firm's products. Needless to say, DSA was also advised of our findings.

On another occasion the local DSA representative contacted one of our district offices to report that several local dairies were supplying two military installations with slack-filled or short-weight containers of milk. FDA investigated and subsequently issued Notices of Hearing to the offending dairies. Following the hearings the firms corrected their short-weight practices.

In another case a post veterinarian at one Army base advised another FDA District that horse radish which he had examined contained glass particles and both live and dead insects. FDA's examination confirmed the Army's findings that the lot was adulterated with filth and the goods were removed from the market by seizure.

These are by no means isolated examples of cooperation between the military and the FDA. Our files contain many other instances where we have exchanged information to the mutual benefit of both agencies and the public.

Mr. Chairman, you have also requested a status report on the disposition of eight specific drug items which were rejected by DSA. Except for the sodium warfarin tablets, which were recalled as a result of analysis performed by FDA in the course of a survey on anticoagulant drugs, we had not been notified about these prior to receiving the subcommittee's letter of February 2, 1968.

Let me briefly report our findings in regard to each of these drugs.

Mr. ROSENTHAL. So that notwithstanding everything you have told us so far about this excellent working arrangement between DSA and FDA, apparently it was not effective prior to this subcommittee's intersession.

With regard to the drugs mentioned here, you weren't notified of their rejection until after this subcommittee began their investigation.

Dr. GODDARD. That is correct. The first knowledge we had of their rejection was by notice of the subcommittee in your letter of February 2.

Mr. ROSENTHAL. How can you explain that in view of the laudatory statement you made earlier about the efficiency of the Intergovernmental Council on Drugs?

Dr. GODDARD. I can't explain that. I can only speak to those examples where we had knowledge based on their reports or where we transmitted information to them. I cannot account for the failures in the system.