also combined with acetaminophen, Darvocet-N, which, in recommended dosage (two tablets), is probably no more effective than two tablets of acetaminophen or aspirin, and is much more costly.

Propoxyphene preparations can be abused, and serious toxicity and death occur when they are taken in overdose.

Since Darvocet-N contains acetaminophen, also highly toxic in large amounts, poisoning with this combination will be more difficult to treat than poisoning with either component above. (The Medical Letter, July 20, 1973.)

The use of fixed combinations of Darvon with aspirin or acetaminophen, which accounts for the major proportion of Darvon sales, then, is unjustified and constitutes poor medical practice.

Since Darvon's analgesic attributes are inferior to aspirin, acetaminophen, and codeine and presents greater risks to the individual—as well as to society—what is the medical justification for having it on the market?

There appears to be none, and unless compelling evidence from independent sources is presented that Darvon and its combinations are medically necessary for an identifiable group in our population, these drugs should be removed from the market.

Referring to second-rate drugs, the renowned pharmacologist, Dr. Walter Modell, said:

> But they also do harm by their very existence in the drug market. I take the stand that, as a general principle, everything that adds to the difficulty in dealing with and understanding drugs also makes drugs more dangerous. Thus, the excessive number of needless drugs constitutes a present danger. We can make the useful drugs both less dangerous and more efficient by weeding out the useless, the ineffective and the duplicates, and by so doing, make it possible for the physician to learn in depth about the potent drugs he will prescribe for his patients. We must add only those new drugs that really add something more than their mere presence.[1]

Darvon is an excellent example of a relatively ineffective, hazardous, expensive, unnecessary, and second-rate drug.

The committee has received a letter from Senator Pressler, of South Dakota, stating he cannot be present today, and this letter will be made a part of the record.

[The document follows:]

U.S. SENATE,
Washington, D.C., January 31, 1979.

HON. GAYLORD NELSON,
Chairman, Small Business Committee.

DEAR SENATOR NELSON: This letter is to advise that I will be absent from all or at least portions of the Small Business Hearings this morning at 10 a.m. due to my attendance and participation in the Budget Committee meeting scheduled at the same time.

Please have the clerk of the committee enter this into the official record.

Sincerely,

LARRY PRESSLER,
U.S. Senate.

Senator NELSON. Is there any committee member who wishes to make a statement?

Our first witness this morning is Dr. Sidney M. Wolfe, M.D., director, Health Research Group, Washington, D.C.

Your statement, Dr. Wolfe, will be printed in full in the record.

You may proceed to present it however you desire.

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[1] Drug Industry Antitrust Act, hearings on S. 1552, pp. 320–321. Testimony of Dr. Walter Modell.