Dr. WOLFE. Well, that is certainly a problem, whether we are talking about smoking or saccharin or Darvon, but I think in this case, because the drug is often not very effective, without being a drug abuser or a dope addict, whatever, many people may well understandably be inclined, having paid their money for the Darvon, to try two instead of one.

The thing that distinguishes this case from a lot of other drugs, is that you can start getting into trouble at very little more than the recommended dose.

There are other drugs, such as aspirin, where you have to take maybe 20 or 30 times above the recommended dose to start getting into serious trouble.

The margin of error, or the safety margin, is extremely low with Darvon, and as the San Francisco coroner in your home State has said, if you double the Darvon doses, and you take one or two bar drinks, you can get into the toxicological range.

The patient with cancer was under medical supervision, taking two instead of one every 4 hours.

This can happen. I think if Darvon were much safer than it is and more effective than it is, we could tolerate it.

There are a lot of drugs on the market where people can get into difficulty, taking 5, 10, 20 times the recommended dose, but you cannot put everyone in a glass house. In the case of Darvon, I think the drug needs to be put in a glass house, because it is so dangerous at low levels, probably, in many cases; because the metabolite is building up.

Senator HAYAKAWA. Thank you, Dr. Wolfe.

Excuse me, Mr. Chairman. I have to go to my other committee.

Senator NELSON. When you first responded to Senator Hayakawa's question, I think you said you made reference to something being safer than aspirin, and I think you meant safer than Darvon.

You better look at your testimony when you get the record back.

One further followup question on the point raised by Senator Hayakawa. The marketing of drugs is based upon a very specific statute, which says you must prove efficacy and safety by well-controlled scientific studies, and that does not permit subjective judgments by a physician and patient about what helps them or does not help them, since it has to be based upon well-controlled studies, as everybody knows.

Almost all problems people have are self-limiting. People all over this country—a substantial percentage of people—are getting from their doctor an antibiotic for a common cold, and there is not an antibiotic that affects the cold, because there are some 200 cold viruses. Yet they will get well, because everybody gets well, so they attribute the act of getting well to having taken an antibiotic, as having an effect on the virus causing the cold. That is why the statute has to be well-defined.

Dr. WOLFE. Another example that comes to mind, where both doctors and patients may have been inclined to say, I want to use this drug, because it seems to work, is where a properly controlled study was done to see whether the drug really worked is DES, also manufactured by the Eli Lilly Co. This drug was given to millions of women, and when a properly controlled study was done to see whether it really protected against miscarriages, it turned out it did not work at all.