I have never seen any evidence of that at all, and I think that is a critical issue.

In a letter to me from Dr. Quentin Young, chief of medicine at Cook County Hospital in Chicago, dated January 23, 1979, he states that Darvon was banned from the medical clinics there in 1974 and from the entire hospital in June 1977.

This is the second largest medical clinic in the United States.

Dr. Young said:

> The reasons for eliminating Darvon from the drug list included high cost and absence of any therapeutic superiority over aspirin and aspirin-related drugs for its legitimate indications. Another, more serious concern was our observation, in this large public hospital, that Darvon was increasingly utilized as an illicit drug by persons who had become dependent upon it.
>
> We concluded that an agent devoid of any significant, unique value which was the object of dangerous abuse by growing numbers of people, had no place on our hospital outpatient formulary.
>
> While I feel that we served our patients well by avoiding this potentially dangerous drug, we are also serving the public which supports us with tax dollars by avoiding an unnecessary, large expenditure. But most important, we have trained in these 5 years over 300 physicians to practice medicine without resorting to this much overused drug * * *
>
> Since there are over 500 doctors in training at Cook County Hospital one can assert that a significant number of physicians on the threshold of their training have a unique therapeutic advantage over their contemporaries.

Thus, it is quite possible—even less dangerous and much less expensive to practice medicine without the use of Darvon.

Further comment on the prospect of an imminent hazard ban was received from chief coroner of San Francisco, Dr. Boyd Stevens, in a letter to me dated January 9, 1979.

> The experience of this office with propoxyphene preparations indicates that this is an abused drug with little analgesic quality and whose daughter compounds are of no significant analgesic property, but are potentially toxic.
>
> Because of its frequency of abuse and because of its propensity for toxic results in relatively low doses when mixed with other compounds such as alcohol, the position of this office is that propoxyphene should be withdrawn from the market.
>
> Barring the withdrawing of propoxyphene from the pharmaceutical market, we would support it being placed at a schedule II rating of the Control Substance Act.

In summary, exploiting doctors' desires for a safe and effective painkiller Lilly pushed Darvon 21 years ago as equally effective as codeine, nonaddicting and safer than codeine.

All three statements are false yet millions of Americans have used this expensive and weak painkiller, thousands have died as a result of its toxicity and Lilly has reaped well over one-half of a billion dollars from its sales.

The information that chronic use of Darvon leads to high blood levels of the toxic metabolite nor-propoxyphene has never been publicly acknowledged by Lilly, lest it might frighten doctors and patients from using the drug.

I hope these hearings provide any additional incentive still needed for the Government to act on Darvon as quickly as possible.

Thank you.

Senator NELSON. Thank you, Dr. Wolfe.

Mr. Edgar G. Davis, vice president for corporate affairs, Eli Lilly & Co., sent a letter to my office shortly before the hearings, which he has asked to have read into the record. I shall do so, and you may wish to comment on it.