The important issue is whether these drugs add to the effectiveness of aspirin or APC, because that is the way they are both usually prescribed.

Here, when codeine is added, as in Empirin compound with codeine, you do get a significant improvement in analgesia. When Darvon is added, you do not.

Yet, another argument I am sure you will hear. For the past 20 years, Darvon has been prescribed by more doctors than any other prescription analgesic, and how could all these doctors be wrong.

Well, this contention really has a very hollow ring in the face of medical history. Over the centuries, it has at one time or another been the consensus of the most learned doctors that miraculous cures of almost all diseases could be obtained through the use of such things as mummy dust, unicorn's horn, poltices, purges, blood-letting, or even into this century, leeching.

I rather suspect this happened because some enterprising corporation cornered the market on leeches, and then proceeded to spend an enormous amount of money advertising them in the medical journals.

Within just the past 40 years, I am sure many of us here still remember the revered family physician with his black satchel filled with compartments containing innumerable bottles of medicines, and he would stake his reputation on each and every one of them.

Since then I would estimate at least 95 percent of these drugs have been shown to be without any value, and are no longer used.

It is only in very recent years that doctors have just begun to blend compassion for the sick with scientific method. I very much hope that you gentlemen will encourage this trend.

So to summarize. I will answer specifically the four questions addressed to me when I was invited to testify before this committee.

The first question, from my knowledge and experience what is the relative efficacy of Darvon as compared to other analgesics?

In my judgment Darvon is inferior to the commonly marketed aspirin, acetaminophen, or APC combinations.

The second question, is it possible to treat patients for pain with analgesics other than Darvon?

Absolutely.

For patients with mild pain you can do just as good a job, if not better, with aspirin or APAP alone, and you can do it at about one tenth of the price.

With regard to the use of Darvon combinations for the treatment of moderate pain, you can achieve significantly superior pain relief using combinations of aspirin with codeine, aspirin with oxycodone, or aspirin with pentazocine or Talwin.

For the treatment of severe pain, the use of Darvon either alone or in combination is grossly inadequate treatment and is really inhumane to the patient.

The third question, is it possible to maintain good medical practice without the use of Darvon?

Yes.

I would seriously question whether the use of Darvon is good medical practice at all. And the last question, what is the medical justification for using Darvon?

I know of none.

Thank you.