Senator NELSON. Then I guess you answered the question I intended to ask. You say there is no justifiable reason for using Darvon.

I was going to ask if there has been isolated any special target group that benefits more from Darvon than from another analgesic, keeping in mind the estimate that about 5 percent of all patients are allergic to aspirin.

If that is the case, perhaps they should have acetaminophen, or if there is something wrong with that, codeine.

Have any scientific studies identified a target group of special beneficiaries for the use of Darvon?

Dr. MOERTEL. I think the important part of that question, and in answer to Senator Hayakawa's question is the last statement you made, that is, is there a group that has been identified by scientific study to be a target area, and the answer is simply that no specific group has been identified as such a target group.

Of course, there are people that claim I only get relief with Darvon. We had a number of these patients in our study, and when they did not know what they were taking, their strong beliefs were simply not so. Darvon has a great mystique about it, and when many of us take medications, this mystique is a very helpful therapeutic thing, but whether or not there is any pharmaceutical properties in Darvon that makes it particularly effective for a given group, there is no study to my knowledge that has ever demonstrated it.

Senator NELSON. Thank you very much for your very helpful testimony.

Any questions?

Senator MORGAN. No questions.

Mr. TWARDY. Just a simple question.

I notice the others on the panel have indicated they are representing their own views and not those of the institutions where they practice.

Are your views those of the Mayo Clinic or your own?

Dr. MOERTEL. I would only purport to present my personal views in this testimony.

I am not representing the Mayo Clinic or any statement other than my own.

Mr. TWARDY. You seem to have indicated the idea of a multidose study.

Was the cancer study which you conducted a single dose or a multidose study?

Dr. MOERTEL. That was a single-dose study.

Mr. TWARDY. Might the results have been different if it had been a multidose study?

Dr. MOERTEL. That is a very iffy question, and I would have to answer yes to any "might" question, but no, we did not demonstrate it.

Mr. TWARDY. So it is possible that if a multidose study had been made the patients would have experienced a more satisfactory result?

Dr. MOERTEL. I have never found it demonstrated that this is so, so as a physician and a scientist, I must question it, until somebody produces the information to prove it.

Senator NELSON. Thank you very much, Dr. Moertel.

Dr. MOERTEL. Thank you.

Senator NELSON. We have a paper that was written for the Journal of American Medical Association, by you, Dr. Moertel.