study that we did that it had any marked advantage over anything else that we were using in the line of analgesics and I advised them of this. In any case, my advice was not accepted.

My feeling on effectiveness is the same way today and has not changed. In addition, the Lilly laboratories also prepared an intravenous solution to be used instead of Demerol for anesthesia in drip form. Since Demerol was a narcotic under restriction and Darvon was not, this would have solved a problem. We found that we had variable results. Sometimes we got marked response of respiration from the drug and had to reverse it with antinarcotics. This dosage form was abandoned.

Our experience as far as efficacy is concerned is that Darvon is not an effective drug. It is pretty well established that it is far less effective than aspirin. Aspirin is one of the best analgesics we have. Most of the analgesia obtained from Darvon is from a placebo effect. Darvon works when it is combined with other analgesics such as aspirin or APC.

At that time (1970) efficacy was at issue. Today, safety is at issue. The attitude that most of us adopted was that even if it does not do any good it does not do any harm. Then occasional cases began to appear in the literature where patients had taken doses in excess of 100 milligrams and developed convulsions and died.

In addition to that, the drug was thought to be nonhabit forming. It was shown prior to release of the drug (1957) that it did relieve some of the withdrawal symptoms of patients who were habituated to and dependent on narcotics. It does have narcotic qualities and today, individuals who are narcotic drug-dependent seem to like it and take it.

For awhile there we had a problem with Darvon because the addicts were taking it intravenously. They dissolved the hydrochloride salt and were taking it intravenously. A less soluble form, the napsylate salt was made. That step has reduced problems arising from intravenous use.

We have now the problem of patients taking it orally over long periods of time getting cumulative effects, and of drug-dependent subjects who need more than the usual doses. These doses are apparently toxic. There are fatalities among drug-dependent persons as a result of overdosage.

Today it is not only a question of efficacy, Mr. Chairman. We also have the question of safety and dependency. The question is, is the risk involved in its use worth the benefit that the drug has? There are other drugs that are safer, more effective, and less expensive. Actually there is really no need to have this drug.

I do believe the popularity of the drug is due to the fact that it was widely promoted. It is much more expensive than aspirin and other analgesics and not as good. We have been able to control the use of it at Charity Hospital because we have it under restriction just as we do narcotics and the doctor has to write a prescription for Darvon in the same manner as he has to for other narcotics.

Senator NELSON. Does Charity permit the use of Darvon?

Dr. ADRIANI. In some cases but the number is small.

Senator NELSON. What kind of a case is it that justifies the use of Darvon?