in the body as the half-life. Nor-propoxyphene has a long half-life—70 hours. If you take three or four capsules a day a cumulative effect results until you reach a point where you have a lethal dose circulating and in the tissues.

Senator BUMPERS. Thank you, very much.

Dr. ADRIANI. My recommendations are summarized at the end of my statement.

The drug could be under stricter controls and placed in schedule II.

It is possible to maintain standards of good medical practice without propoxyphene; therefore, manufacture could be discontinued.

There is no medical justification for continuing its use as an analgesic because it has no therapeutic advantage over other drugs of similar potency that merit its being prescribed for relieving pain.

There will probably be some "static" so to speak, from the medical profession because once doctors have a drug and you take it away from them they claim the Government is coming in and telling them how to practice medicine. When some regulatory agency says we are going to remove a drug from the market, it should do so with concurrence of the medical community. We did this with the amphetamines. The Commissioner of Food and Drugs called in experts and we decided with him how amphetamines should be handled; that they should be resultated. The indications allowed were published in the Federal Register. For a regulatory agency, that is the Government, to come in and say we are going to make this drug no longer available, I am afraid there will be many complaints—maybe not justifiable, but there will be complaints.

Senator NELSON. Well, I guess you answered the question. In general, from your statement, you agree with what Dr. Moertel from the Mayo Clinic said yesterday as to his conclusions.

Dr. ADRIANI. Yes.

Senator NELSON. Thank you, very much, Dr. Adriani. Any questions?

Senator HAYAKAWA. Doctor, thank you for your testimony. Our staff has dug up a statement that you made in 1968 and may I quote:

"The nonaddictive agents such as propoxyphene and other analgesics should be used in the postoperative period for pain relief."

Now, can you reconcile this statement with your statement today that there has been doubt concerning the effectiveness of this drug as a mild analgesic since its introduction?

Dr. ADRIANI. I am sorry. I did not get the last part of your question.

Senator HAYAKAWA. Today you are saying there has been some doubt concerning the effectiveness of this drug as a mild analgesic since its introduction.

In 1968, you apparently did not have these doubts that you are expressing pretty much based on research conducted since 1968.

Dr. ADRIANI. Well, with the work that we did we did not find that the drug was any more effective than other analgesics and was less effective. I do not know if I still have the correspondence in my file and it has been quite a number of years now—1956 or 1957 when I did it, but I said that I could not see any point in marketing this drug, that I did not think it had any particularly therapeutic value.