Basic to the entire controversy surrounding this drug is our inability to measure pain. In articles attempting to quantify results, descriptive terms, not measurements, are the norm. Even in double-blind crossover studies on pain relief, results must still be based on subjective observations such as asking patients how they feel. In the face of such a totally personal phenomenon as pain, the elements of imprecision are built into all studies. Complicating the problem is the matter of confusing advertisements and promotional materials.

A prime example of such a tactic was a letter sent to physicians and pharmacists by Lilly following publication of a review article on analgesics in the New England Journal of Medicine. In their letter the drug firm objecting to the author of the article placing propoxyphene in the category of minor pain relievers along with aspirin and acetaminophen. This letter then cited other literature in which propoxyphene was described as an effective agent. A month or so later another letter was sent, stating that with the knowledge of FDA they were writing to call our attention to the fact that the articles cited in their previous letter really referred to propoxyphene compound rather than to plain propoxyphene!

Even though the drug was placed in Schedule IV of the Comprehensive Drug Abuse Prevention and Control Act of 1970, little effect has been noted on its frequency of use. To the pharmacist it has merely meant that after five authorized refills or after a six month period, a new prescription order must be generated. The net result has been an increase in the number of times a physician's office must be contacted and no visible diminution in the amount of propoxyphene used.

I cannot conceive of this controversy continuing for so prolonged a period were it not for the economics involved. Prices range from a low of under $15 per 1,000 capsules of propoxyphene compound 65mg. from Rugby Laboratories to a high of $80 for Darvon Compound-65, just increased from $76 this month. Between these two extremes, other prestigious firms such as Parke-Davis, Lederle and Smith-Kline price their offerings in the $24 to $30 range. To a large degree, I feel strongly that we are once again viewing the unwillingness of drug manufacturers to simply allow the merit of a product to determine its use.

I would like to conclude with a report of a "survey" I conducted among all the practitioners in my community. When informed of the petition asking the Food and Drug Administration to withdraw propoxyphene's certification as an analgesic, each respondent made the same observation: I can certainly get along without it.