relief to the many people who tend to be placebo responders—even if its inherent effectiveness is minimal.

I think Dr. Beaver in his testimony before you last week, at least as it was reported to us, gave a very thoughtful account of this part of the problem.

Senator BOSCHWITZ. Dr. Beaver in his testimony last week gave us a great deal of what you are giving us now. Perhaps, in the interest of time, you could summarize his conclusions and go on to new material. Many of us have other meetings to go to and time is of the essence.

Commissioner KENNEDY. Well, I understand that, Senator, and I will be glad to move through as quickly as I can. Perhaps then I will delete my attention to the questions that I was asked by your chairman about propoxyphene's popularity by saying that there were a number of reasons why physicians particularly at the time of its introduction chose to precribe it. It is of relatively short term effect; its utility in patients who for reasons of gastric problems, liability to liver damage, cannot take large amounts of aspirin or acetaminophen, and so forth. During the past 4 years, a number of prescriptions were written annually for the propoxyphene product has declined.

Senator NELSON. Where are you now?

Commissioner KENNEDY. I am sorry, I am at the bottom of page 6, Mr. Chairman.

Senator NELSON. I wish you would go back to your item 4 on page 6 starting, "propoxyphene * * *".

Commissioner KENNEDY. Yes; I was pointing out as Dr. Beaver had and did not want to bore you with it, that propoxyphene has been marketed in an array of dosage forms, combinations, and salts that offer physicians a wide variety of options for managing patients with painful disorders; combinations that do not work on one patient may be switched to another. One supposes that this is useful to the physician and to the patient, not only because the exploration may yield a compound that is more physiologically active, but also prospectively the patient feels more attended to and it is possible that placebo response is maybe mobilized by the switch.

Senator NELSON. Well, these comments, and your sentence on page 7 under "Safety of Propoxyphene," state that as compared with other prescription analgesics, the adverse reactions, the side effects, associated with propoxyphene are mild and infrequent.

Dr. Moertel did studies that you are familiar with and I would like to make some reference to his testimony, so that you may want to comment.

Dr. Moertel states in his testimony of the double-blind studies that he did at the Mayo Clinic:

> Darvon showed some advantage over sugar pills but this was small and not statistically significant—that is, the difference could easily have occurred by accident. Acetaminophen or APAP—commonly marketed as Tylenol or Datril—showed a much more substantial degree of relief; and surprisingly, leading the pack, two simple aspirin tablets. The superiority of aspirin over Darvon was statistically significant * * *

Now, in his double-blind studies he has the sentence on page 3 of his testimony:

> The addition of a full dose of Darvon to aspirin, however, provided essentially no improvement in pain relief.