

ators and denominators for determining the variance of each contrast, (5) estimates of each significant p value, and (6) the error mean square for main effects used to determine these p values. This is the minimum data which allows at least partial reconstruction of the statistical procedure and permits evaluation of the results. The results of this drug study are presented in the following contrasts (table III):

Contrast 1 compares the results with the lower doses to those with the higher doses. The positive numerator indicates a trend toward a dose response, but this was not statistically significant.

Contrast 2 compares phenacetin to aspirin. A positive numerator indicates that phenacetin may be more effective than aspirin. In hospital II, aspirin was significantly more effective than phenacetin.

Contrast 3 examines the effect of the addition of caffeine to the aspirin-phenacetin combination. No significant effect was observed.

Contrast 4 compares the combination of phenacetin and aspirin with and without caffeine to phenacetin and aspirin given as separate medications. The positive numerator (hospital II) indicates the combination to be more effective than aspirin and phenacetin as single entities.

The positive numerator for contrast 5 indicates a significant increase in analgesia when propoxyphene napsylate was added to the medications. This was the only contrast which was significant for both institutions.

Contrasts 6-9 examine the interactions between dose (contrast 1) and contrasts 2-5, respectively. The positive numerators for contrast 9 at both institutions indicate a trend toward a greater difference between the treatments (with versus without propoxyphene) when the higher doses are compared. This trend was statistically significant at hospital I and supports the presence of a dose response for propoxyphene.

The differences between the 2 institutions were even more obvious when the adverse reports were examined. The distribution of these data is presented in table IV. The special other symptoms - nausea, abdominal discomfort, dizziness, blurred vision, and sweating - were selected on the basis of higher total scores with the heavier doses of medication. Both the total and the special other symptoms had a skewed distribution and were reported to be more frequent and more severe at hospital II than at hospital I.

Figure 3 indicates an increase in other symptom scores with the higher doses, especially with medications H and J, the higher doses of propoxyphene with aspirin compound and of aspirin, respectively. Patients may pay in adverse effects for greater analgesia.