Discussion

Initial contact with hospital I considered a study comparing placebo, propoxyphene napsylate, aspirin compound, propoxyphene napsylate plus aspirin compound, and propoxyphene hydrochloride plus aspirin compound. The peer group at the hospital considered the inclusion of a placebo an unjustifiable treatment. The protocol was, therefore, modified to include the dose response as a measure of the sensitivity of the method to medication differences.

BEAVER [1965, 1966] reports a personal communication from KANTOR and his co-workers as follows: '... patients with postoperative pain or pain secondary to acute trauma, have also demonstrated a significant difference in the response to placebo and 300 mg of aspirin, and comparison of 300 mg and 600 mg doses of this drug yielded a significant dose-effect slope. On the other hand, these same investigators were unable to demonstrate a significant difference in the response of patients with postpartum pain (lumping together uterine cramps or episiotomy pain, or both) to the 300 mg and 600 mg aspirin doses. They observed, however, that if the whole population of pastpartum patients was divided into sub-populations of those complaining of uterine cramps and those complaining of pain associated with episiotomies, the latter group was able to discriminate between the graded aspirin doses, while the former was not. In subsequent studies, this pattern of differential response has been repeated consistently.'

The subjects in our study were *post partum* with uterine cramping and, as would then be expected, failed to demonstrate a dose response to aspirin, phenacetin, or the combination of these 2 analgesics.

BEAVER also provides the following comment: 'In contrast to the considerable number of reports favorably comparing aspirin with placebo, it seems few workers have attempted to explore the aspirin dose-response curve using graded drug doses. Such experiments are especially significant, because, while aspirin is the single most widely used mild analgesic and the most often used standard of comparison for drugs in this category, true relative potency estimates require graded dose comparisons of test drug and standard ... knowing whether a "ceiling" exists for drug effect constitutes an important aspect of that drug's pharmacologic profile, and this information can only be obtained by the use of graded doses. When comparing two drugs, the relation of their ceiling effects or "relative potential" is often as significant and valuable as an estimate of their relative potency. In the case of aspirin, this is particularly true, because