combination promoted greater analgesia, but this occurred with a measurable increase in reports of other symptoms. We are not aware of any method by which these 2 responses may be integrated so as to demonstrate therapeutic gain or loss. Past clinical and therapeutic experience seems to justify these combinations.

There is no assurance that the original protocol by including placebo would provide more important information than the method used. However, the selection of the dose response control was expected to fail, but was necessitated by peer review. Similar situations must occur when peer groups review the protocols of experienced investigators.

Conclusions

(1) A twofold increase in aspirin, phenacetin, and the combination of aspirin and phenacetin failed to demonstrate a statistically significant increase in analgesia when single oral doses were given to *post partum* patients professing pain from uterine cramping. An increase in the number and severity of adverse reports was observed when the higher doses were given.

(2) Both an increase in analgesia and in adverse reports was observed when the dose of propoxyphene napsylate was increased. Thus, with this medication, the patients obtained measurably more analgesia but 'paid' in increased side effects.

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