any change in PR, QRS, or QT_C during the period of propoxyphene administration, in comparison with pretreatment or posttreatment control tracings. Ventricular premature beats were observed slightly more frequently in one subject during treatment, while a slight decrease in ectopy was noted in the other. Neither change is significant.

Propoxyphene napsylate has been evaluated by Tennant (J. Natl. Med. Assn., 66:23-27, 1974; J.A.M.A., 232:1019-1022, 1975) for heroin detoxification and maintenance. Under double-blind conditions, twenty-nine adults were admitted to a 180-day maintenance program. About one-fourth of the patients remained in the study more than ninety days; a few remained for as long as two years. The maximum daily dose of propoxyphene napsylate was 1,200 mg, starting with 400 mg per day. Patients who received a single dose of 600 mg reported short-term dysphoria, but otherwise no serious toxic effects were noted. Electrocardiograms, chest x ray, and electroencephalograms were evaluated before and at the third and sixth month of the study. The ECG tracings were reviewed by a cardiologist and no changes were observed, nor were changes observed in the other examinations.

Bigeminal cardiac rhythm has been described relatively frequently in cases of propoxyphene overdose, and it is of some interest to note that in the case reported by McCarthy