I would like to read a couple of brief statements. One is that "Darvon is an effective analgesic and can be used for recurrent and chronic pain." They also state that Darvon compound, a combination with aspirin or aspirin compound, "There is reason to believe, on the basis of either actual clinical studies and theoretical considerations, that the combination of Darvon with an antipyretic-analgesic of the aspirin type results in analgesic superior to that achieved by either drug administered alone."

Now, this is what, of course, our physicians are faced with. They have a patient in pain. They usually prescribe aspirin. If they feel they need something a little stronger they will probably prescribe a Darvon compound or use Darvon 65 along with aspirin rather than resort to codeine, because there are frankly some adverse effects from the codeine.

In the same study they mentioned in comparing Darvon with codeine that the relative potency of the two drugs indicated that Darvon is approximately one-half to two-thirds as potent as codeine and this is usually the way it is prescribed. We generally use a 65 milligram dosage of Darvon which is equivalent to about 32 milligram dosage of codeine. This is the recognized dosage. The controversy rages as the therapeutics committee tries to decide whether to standardize. You have clinicians who have used this drug effectively on patients, patients seem to feel better and they are faced with the decision do they want to discontinue Darvon and use only aspirin when there is proof of some effectiveness.

Senator NELSON. I believe the testimony has been in agreement that 32 milligram dosage was no better than a placebo. So there is hardly any point in purchasing that.

Mr. STATLER. We purchase very little of that dosage and generally—most of the dosage prescribed is 65. If they use the 32 it is two capsules at a time primarily for an elderly patient having difficulty swallowing. It provides additional flexibility in dosage. If they feel they need a larger amount rather than 65, they can prescribe a 32 milligram capsule in addition to the 65.

Senator NELSON. I think in the appropriate dosage form it is an effective analgesic. That is not the question. The question raised is whether it is justifiable for the Defense Department, for example, to buy $4½ million worth, when they are simply substituting a more expensive analgesic for a less expensive dosage form of aspirin. Further, they are not selecting Darvon because of some specific use. It is not the drug of choice as a mild analgesic.

That is the question that I am raising here.

I don't know how you prove all that but——

Dr. WELLS. This is the point. Of course we have made every effort to educate our physicians through our committee here in Washington and through our publications to them. We speak of this a bit later. We point out that we do not recommend Darvon as an expensive substitute for aspirin but simply as an analgesic that may be used in addition to or with aspirin.