```
Aspirin 650
                                                           Superior to
Mefenamic Acid 250
                                                           Placebo
                                                           P < 05
   Pentazocine* 50
Acetaminophen 650
     Phenacetin 650
  Propoxyphena
                  65
       Codeine
                                                      Inferior to Aspirin
     Promazine
                                                         P < .05
 Ethoheptazine
                  75
        Placeho
                                                  40
                                                                60
                           % OF 57 PATIENTS ACHIEVING > 50 % RELIEF
```

Results for pentazocine in 30 patients.

FIGURE 1.—Relative Therapeutic Effect of Oral Analgesics According to Percentage of Patients Achieving Significant (More than 50 per Cent) Relief of Pain (Analysis by Student-Newman-Keuls Method (2)).

TABLE 1.—RELATIVE THERAPEUTIC EFFECT OF ORAL ANALGESICS ACCORDING TO MEAN PERCENTAGE OF RELIEF OF PAIN ACHIEVED IN 57 PATIENTS

Analgesic agent	Dose (mg.)	Relief of pain (percent)
Aspirin_ Pentazocine* Acetaminophen Phenacetin Mefenamic acid Oodeine Propoxyphene thoheptazine Promazine	50 650 250 65 65 65 75 25	62) 54 Significantly superior to placebo 48 47 46 43 38 Significantly inferior to aspirin (p<0.05).†

<sup>\*</sup>Results for pentazocine in 30 patients (statistical significance calculated on basis of patients receiving pentazocine with use of Dunnett's procedure (1) for multiple comparisons with control).
†Student—Newman—Keufs method (2).

TABLE 2.—RELATIVE THERAPEUTIC EFFECT OF ORAL ANALGESICS ACCORDING TO SUM OF RANKS ACCORDED BY EACH PATIENT

Analgesic agent*	Dose (mg.)	Rank sum	
Aspirin. Mefenamic acid Phenacetin Acetaminophen Codeine Propoxyphene Ethoheptazine Promazine	250 650 650 65 65 65 75 25	223. 0 271. 5 275. 0 275. 0 280. 5 284. 5 284. 5 315. 0 335. 0 335. 0 352. 5 (p < 0.01). †	placebo

<sup>\*</sup> In 30 patients pentazocine, 50 mg., was in 5th position and significantly superior to placebo (p < 0.01). †Analysis by t-test.

For none of the three methods of analysis did the order in which the drugs were given have a detectable influence on the grade and therapeutic effectiveness accorded any single drug.

Many patients had difficulty adequately timing the onset and duration of relief of pain, especially if relief was incomplete. The median time from drug ingestion to the onset of definite relief ranged between 0.5 and one hour for all study drugs except propoxyphene, which had the longer time to onset of