under the apt title, "The Myth of Phenothiazine Potentiation." We could not confirm this activity under the conditions of our investigation.

Although the results of this study indicate a general conformity to others in the literature, it must be emphasized that they can be interpreted only in terms of the patient population and methodology that we employed. Specifically, they cannot be applied to chronic use of analgesic agents, nor do they have any direct application to the commonly prescribed analgesic-drug combinations.

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ELI LILLY AND CO.,
Indianapolis, Ind., April 17, 1972.

DEAR DOCTOR: In a recent issue of the *New England Journal of Medicine*, C. G. Moertel *et al.* published an article entitled "A Comparative Evaluation of Marketed Analgesic Drugs."

The authors administered in a randomized, double-blind manner nine oral analgesic drugs and a placebo. They concluded that aspirin (650 mg.) was superior to the other drugs tested. They also concluded that "the therapeutic credentials of . . . propoxylene . . . must be classified as very equivocal."

We are providing you with our comments so that the authors' work will not be ministerpreted with respect to continued administration of Darvon® (propoxyphene hydrochloride, Lilly) and the value of Darvon combination products.

There is no question that aspirin is an effective oral analgesic. It is sufficient for the pain relief needed in many situations.

At the same time, it is well established that Darvon is an effective analgesic. This is substantiated by recent studies conducted in connection with the introduction of Darvon-N™ (propoxyphene napsylate, Lilly) and Darvon-N™ with A.S.A.® (propoxyphene napsylate with aspirin, Lilly) as well as by many studies conducted at the time of the introduction of propoxyphene hydrochloride. The recent studies, reported in the July, 1971, issue of *Toxicology and Applied Pharmacology*, again affirmed the effectiveness of Darvon.

There is also expert opinion concerning the efficacy of Darvon. The NAS/NRC expert panel which reviewed Darvon for the Drug Efficacy Study of the Food and Drug Administration concluded that Darvon is an effective drug.

The physician in practice often finds himself with the patient who has not been sufficiently relieved by aspirin and needs something more. Prior to Darvon this was frequently codeine. a drug most clinicians would concede is a potent analgesic.

(Incidentally, in one method Dr. Moertel used to analyze his results, 65 mg. of propoxyphene ranked higher than 65 mg. of codeine.)

The advantage of Darvon® (propoxyphene hydrochloride, Lilly) over codeine is its lower incidence of untoward reactions. In a comparative study of these two compounds, Darvon had a side-effect incidence of 0.8 percent as compared with 3.4 percent for codeine.[1]

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[1] Borda, I. T., Slone, D., and Jick, H.: Assessment of Adverse Reactions Within a Drug Surveillance Program, *J.A.M.A., 205*: 645, 1968.