Dr. HUDSON. With that, I would also say that we can look at some factors that have influenced the changing numbers in our State. Beginning in late 1968, we began putting in a statewide system for the evaluation and examination and investigation of sudden, unexpected and suspicious deaths.

I believe that the onset of that system enhanced suspicion of specific designated deaths for investigation, but particularly a development of toxicology enabled us to begin to get these facts and to see the numbers go from a rare 1 or 2 or 3 up into the twenties. Then the system leveled off, as far as sophistication and techniques across the State but then the number of propoxyphene deaths continued to increase up to 50 in 1975.

With that as background, I would like to speak to some of the questions that you posed in your letter.

What does the volume of prescriptions written for propoxyphene show?

Propoxyphene has been at or very close to the top in total new prescription frequency for over 10 years. This is combining primarily the trade names of Darvon, Darvon-N 100, Darvon Comp, and others already discussed.

In view of prescription volume and prescription size, are doctors aware of the dangers of Darvon and other prescriptions containing propoxyphene?

No; I believe they could hardly have been less aware. I do hope that that is changing now.

I have seen some signs that perhaps it has in the past year.

Repeatedly I have seen physicians frankly shocked to learn of the frequency of propoxyphene fatalities.

Some stated they had heard of propoxyphene victims but assumed they were "young punks shooting drugs" as opposed to the kinds of folks their own patients represented.

The reactions have varied from, "I think it is a good drug, my patients ask for it." to "I don't know why I use it; it isn't worth a damn without aspirin in it."

Is it sound practice to prescribe 120 or more dose forms of propoxyphene, as you have found done most frequently at Veterans' Administration hospitals?

In my opinion, no.

I realize that there are severe logistical and other problems in managing chronically ill patients who live many miles from the medical centers and/or have physical or other disabilities that handicap frequent visits.

However, propoxyphene is one of the pacifiers given these patients.

Chronic use requires increasing doses for such analgesic effect as propoxyphene does have, but it has not been demonstrated that the patients develop any protection against overdose.

Twenty dose units of propoxyphene is an ample amount for 5 to 7 days of pain relief. The pain that persists longer than that signifies a need for more than a mild and hazardous analgesic.

I am familiar with Veterans' Administration hospitals, or at least several of them, and I know that a large proportion of the medication is given out to patients or outpatients to take home is intended at least to be pacifiers or placebos to some extent the patient, and perhaps