to abuse that drug in statements by friends of the victims, but reasonable efforts to rule out other causes of death, and best yet, toxological determination, that particular form of chemistry that detects the drug and measures it and demonstrates it to be in sufficient quantity to cause death.

Most of the cases referred to in the DAWN material seems to me from my readings not to reflect that quality of data, that quality of verification of drug-related data necessary as far as specific drugs are concerned.

In our own State, as far as manner of death is concerned, we believe that with rather careful review that approximately two-thirds or three-quarters of the deaths are suicide. I am chagrined that our American social and medical systems in a broad sense, have allowed this to come about, that this drug which has been available for 20 years, has been accounting for as many or more drug deaths than any other for so many years, and we have such a lack of awareness generally within and without the medical profession.

Thank you.

Senator NELSON. Thank you very much, Doctor.

Dr. HUDSON. Thank you.

[The prepared statement of Dr. Hudson follows:]

STATEMENT OF PAGE HUDSON, M.D., CHIEF MEDICAL EXAMINER (NORTH CAROLINA); PROFESSOR AND CHAIRMAN OF DIVISION OF FORENSIC PATHOLOGY, UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE, CHAPEL HILL, N.C.

I am a doctor of medicine specializing in forensic pathology and am certified by the American Board of Pathology in anatomic pathology and in forensic pathology. Forensic pathology is that medical specialty that involves the detection, identification, investigation and other studies of real or suspected unnatural deaths. I practice, write and teach in this field of medicine and related sciences. My employment is as Chief Medical Examiner. My appearance here is with the permission of North Carolina's Division of Health Services, Department of Human Resources; however I choose to volunteer that my opinions are my own as a private citizen and do not represent an official stance or policy of North Carolina.

It became apparent several years ago that propoxyphene was responsible for increasing numbers of deaths in North Carolina. Dr. Arthur J. McBay who is Chief Toxicologist to the Office of the Chief Medical Examiner and I examined our cases, methods, criteria and diagnoses. We conferred with authorities in other states and with many physicians involved daily with patient care. We got the strange feeling that we were among the first discoverers of a relatively obvious and moderately awesome phenomenon: A drug medication existed that was at the top in prescription popularity, one that had but a trace of benefit and that was reaching the point of causing more deaths than any drug, licit or illicit, in this country.

We published data and our concerns in a letter in the Journal of the American Medical Association in September 1975. After further developing our data we published an article about propoxyphene hazards in the Southern Medical Journal in August 1977. Copies of this have been made available to you with copies of my statement. The article still expresses my sentiments, those of Dr. McBay I believe and those of Dr. Michael Barringer, a surgeon who was a medical student when he co-authored the article. Dr. McBay and colleagues have published on their improved techniques for detecting and measuring propoxyphene.

Our concept of the more cogent elements of our article is as follows: Our data are from a statewide death investigation system covering a state of about 5.5 million people. We believe inferences can legitimately be drawn from our data that can be extended to the national population. The number of deaths associated with poisoning due to drugs or other chemicals is difficult to measure in large population groups in the United States and in the nation as a whole.