accuracy of those figures, though. Generally, physicians control when they see patients by writing prescriptions though, and I used, for example, to be sure that I would see a patient at such and such a time by being sure that he ran out of medicine and had to come in, so that it is not unusual for indications of this kind to have more prescriptions than some others.

But the point of these relatively high figures is that there is a great deal of common practice to overcome before use of the oral agents will proceed to what we would consider to be proper levels.

It is anticipated that publicity attendant upon publication of proposed labeling by FDA and the announcement of the upcoming public hearing, as well as publicity relating to today's hearing, will bring the new labeling to the attention of physicians, as we begin the long process of persuading them that the UGDP findings should change the way they treat diabetics.

In addition we plan to issue a drug bulletin when the labeling for these drugs is made final. We will monitor the use of these drugs and will take additional measures as necessary to publicize the labeling.

This concludes my formal statement. I will be happy to respond to additional questions.

The CHAIRMAN. Thank you, Doctor. I note your comment that there is a great deal of common practice to overcome before the use of oral agents would recede to its proper levels. I think you face a formidable task, considering that you have Dr. Sammons of the AMA writing to all the State medical and county medical societies in the country and then Upjohn Co., using his letter. We received a letter from Dr. Max Miller, who, as you know, is director of the UGDP study. He sent along a copy of the letter that was sent to him by a doctor reporting on what the Upjohn salesman said to this doctor about the study. Dr. Miller did not wish that the doctor's name who wrote to him be disclosed, but he did not object to his own name being used.

This doctor wrote to Dr. Miller and said, "Dear Max, Here is a summary of what the Upjohn salesman said to me in his visit yesterday: (1) there is no cause-and-effect relationship revealed in the study between the use of Orinase and the incidents of coronary disease; (2) the statistics are so complicated that only a student of statistics can evaluate them; (3) 2½ less coronaries in the study would not change the results; (4) 35 diabetologists do not accept the results of the study; (5) the director of the study in Cincinnati does not accept the results; (6) two other men in the study do not accept the results; (7) Dr. Kent of Cleveland does not accept the results of the study; (8) Cincinnati added patients from its cardiac unit to fill its quota of diabetic patients; (9) most of the coronaries came from two centers; (10) there was no follow-up on five patients in the study; (11) the dose of Orinase was fixed so, therefore, it was not a correct dose for many patients; (12) the Joslin Clinic and other diabetes clinics have reviewed their cases in their clinics, and the result cannot support the results of the university study; and (13) the FDA will probably modify the ruling on Orinase. During the interview he had a copy"—that is the Upjohn representative—"of the Medical Tribune in his hand which he referred to from time to time."