So, considering that Upjohn has 1,100 detail men and other efforts by the industry, you have a long battle ahead of you to achieve a standard of rational prescribing of oral hypoglycemics despite the fact that there are no scientific studies refuting the careful studies done by the UGDP or the Biometric Society's evaluation. As is clear from here, the Biometric Society refuted charges that are made by the detail men. I would have this printed in full in the record.

Dr. SCHMIDT. I would sincerely hope that the medical profession, itself, and particularly the diabetologists would respond to what to me is a clear challenge in all of this and would be able to separate out the principal issue and that is the following: For whom, for what group of individuals, are these drugs suitable, given the UGDP study? And as I have indicated earlier in many, many conversations I have had with the most vigorous opponents of the UGDP study, there is an agreement that these drugs are grossly overused. Once there is agreement to that, that identifies a very serious problem, which is, in essence then, apart from the controversy of the UGDP study. And if 80 percent of these drugs are misused, that identifies a problem to which the medical profession itself must respond, and I will be bitterly disappointed if it does not.

Mr. GORDON. Doctor, suppose you are disappointed and use does not go down? That is a possibility. What do you think of the idea—I brought this up yesterday with respect to lincomycin and clindamycin—about having corrective advertising with surveys by the FDA and continuation of the corrective advertising, as in the FTC's *Hawaiian Punch* case, until the use actually drops?

Dr. SCHMIDT. We will, as I indicated, monitor the use of these drugs. We will certainly monitor the advertising, and we will see if, indeed, these drugs do become in effect unsafe and this can be shown, then I would probably have a long talk with Mr. Merrill, but I do not know. It is hard for me to hypothesize.

Mr. GORDON. May we get periodic reports on the use of these drugs as you get them?

Dr. SCHMIDT. Certainly. I would be happy to.

The CHAIRMAN. You get reports monthly?

Dr. SCHMIDT. Well, we follow certain surveys that are done, such as the prescription audit survey that I mentioned and others. There are some commercial sources of data and others that we follow that can give at least an estimation of the use of the drugs. We can also undertake surveys of our own.

Mr. MERRILL. Our information is not as good about drugs in this class as it would about antibiotics, which are certified, of course, and thus, we know how much is being produced. But we have access to pretty good numbers.

The CHAIRMAN. Thank you very much, Dr. Schmidt, for your very valuable testimony today. The hearings will open tomorrow morning at 10 o'clock in the same room. Senator Abourezk will preside as I have hearings starting on the energy legislation in the Finance Committee that has come over from the House. Thank you.

[Whereupon, at 11:35 a.m., the subcommittee recessed to reconvene at 10 a.m., the next day.]