long term studies must be developed by the F.D.A. to insure adequate clinical trials of drugs before their release.

The steps indicated above are likely to be met with severe outcry and resistance by pharmaceutical companies and scientists and clinicians who do not accept the conclusions of the UGDP study. Support of the medical societies, particularly the American Diabetes Association would be essential.

Restriction in the use of the oral hypoglycemic agents would significantly alter modes of care for the patient with diabetes. To begin, it would needfully provide a great emphasis on the importance of dietary management. In many instances with adherence to diet adequate reduction of blood sugar and removal of symptoms would follow. Physicians or their assistants would have to instruct patients in the use of insulin when diet alone did not suffice. Thus more teaching would be needed for each patient. Perhaps more teaching related to mechanisms involved in the production of the disease, the need for preventing infection, manifestations of hypoglycemia, and other measures would be taught as well. Since the cost of insulin is considerably less per patient than oral hypoglycemic agents there would be a decrease in total cost.

The issue of the clinical use of research information is exemplified by the mixed reception of the results and recommendations of the UGDP study. Why, one may ask, are there delays in the transmission of research data to its clinical applications? These are several reasons:

1. Early research data may be presented initially to select groups in research societies and published in journals which are read by only highly trained specialists. In addition most articles are not published for at least 6 months after they have been submitted.