need for additional postgraduate training and education of some of the medical community. Some physicians accepted the results of the study and some questioned the design and control nature of the experiment. This controversy has undoubtedly been apparent to this committee. On the whole, these studies indicate that the use of oral hypoglycemic agents should be limited to the small percentage of patients with diabetes for whom other therapies have proven impossible to carry out.

3. The availability of scientific evidence, if any, which demonstrates the benefits of oral hypoglycemics.

I know of no evidence that directly demonstrates that the oral hypoglycemics are life-saving or life-prolonging in the therapy of diabetic patients.

The major therapeutic problem in diabetes is no longer the acute ketoacidosis which used to be the cause of death before the introduction of insulin. Rather, it is the long term or chronic vascular complications of the disease. In other words, the major problem, now, is the well recognized thickening and other damage to the blood vessels throughout the body leading to kidney disease, heart disease, blindness, and gangrene in the limbs. We still do not know the answer to the following fundamental question, "If the blood glucose level in the diabetic patient could be controlled as precisely as that of a non-diabetic through the use of an insulin delivery system yet to be developed, would there still be vascular complications?" Or, alternatively, is there some factor or factors involved other