

drug itself or to unconsidered and unknown factors. In the absence of evidence for the latter, suspicion would naturally attach to tolbutamide.

"The mortality study is at least suggestive enough to put a damper on what appears to be the indiscriminate use of all oral hypoglycemic agents in the treatment of mild or moderate, adult-onset diabetes. Although tolbutamide, for practical reasons, has been the only sulfonylurea drug investigated by UGDP, the chance that other compounds of this family may be similarly involved cannot be dismissed despite differences in molecular structure. It would not be justifiable at this point, however, to prohibit the manufacture and use of sulfonyurea drugs, for they will probably continue to fill a need in special circumstances."

If these drugs are dangerous, what course should we take? You have just heard that their manufacture should not be forbidden, and for reason. For example, how do we treat a diabetic patient who ought to be taking insulin but is living alone with a broken, or amputated, or paralyzed arm that prevents him from using a syringe and needle? One who is blind and cannot measure his dose of insulin?