One who is old and tremulous? One who is mentally disturbed? And finally, one who refuses to take insulin? In another vein, there are diabetics who are engaged in hazardous occupations and ought not to take insulin for fear of reactions. We ought to make allowance for these patients even though the oral agents are not very effective and, I believe, in the long run, may be harmful.

But if we continue to make these agents available, as I think we must, how do we protect other diabetics who would like to use them but should not?

Insulin comes to the patient with a package insert that carries a great deal of information, including certain warnings. The oral agents come to the patient in silence because they have been regarded as innocuous, needing no instructions except the doctor's directions for dosage and timing. This must change.

But it is the physician who should lead the way, and I hope that the report of the Biometric Society will in time convert the many current unbelievers. Meanwhile, it might not be too radical to ask the FDA, under proper authority, to transfer the oral hypoglycemic agents to the circumscribed Schedule II of dangerous drugs along with barbiturates, amphetamines, and certain narcotics. Physicians might learn that the oral agents are not exactly safe, and the requirements of BNDD prescriptions, if for dubious need,