are being neglected. This to my mind is an important consideration which dwarfs even the serious concerns about the toxicity of the agents. Even if the oral agents were proven to have no toxic action, their detrimental role as a substitute for other safe and potentially rehabilitative measures would remain.

To change the way we are doing things today is not a simple matter, and it is inappropriate to blame the physician or the patient for the result of large forces at work in our economy. A considerable reallocation of resources over a period of time would be required to bring about a shift from a symptomatic to a rehabilitative form of therapy. Dr. Leon White, Commissioner of Health and Hospitals in Boston, recently listed the destructive lifestyle habits in this country and the diseases and disorders they produce. Social excess of alcohol, overeating, and lack of exercise contribute to obesity and cardiovascular disease. These habits also contribute to diabetes in the genetically predisposed. As reported in the Harvard Medical Newsletter (1:no 39, June '75) Dr. White stated that if the battle to modify lifestyle is to be fought, a major enemy is advertising. But advertising is not the only enemy. Lifestyle modification, if it is to be successful, will adversely affect the pharmaceutical industry, the tobacco industry, the alcohol products industry, the food products industry, and the auto industry. The real challence is to improve health without wrecking the economy.

THE RESPONSIBILITY OF THE FDA REGARDING LABELING

The question remains as to whether the Commissioner of the FDA should indicate priorities or treatment or treatment options and whether these represent a constraint on the freedom of the responsible physician or mak him liable to suit if he does not follow such priorities. Since there is a stated responsibility