their condition. In December 1972 I asked that this committee become seriously committed to the problem of consumer education. The people expect and need it, and it is not difficult to provide. It should not wait for other more far reaching legislation in the health insurance field.

Finally, Mr. Chairman, but not least, we must think of the educational process of the physician himself. It is a disgrace to our country that most of the postgraduate education of physicians takes place in their offices by the representatives of the pharmaceutical companies. Continuing medical education must not be neglected in the future, and any plan to deliver health care to the American public must recognize and formulate a plan for dealing with this problem. The pharmaceutical houses have stepped into a void that is not being completely met by the society primarily because they do not always perceive the dangers of accepting the benefits of pharmaceutical gifts. A large proportion of the physician courses are subsidized by industry and are designed to downgrade scientific work that is not promotional and upgrade that which is. Attitudes toward the oral hypoglycemic agents in contrast to those on the hypotensive agents are excellent examples of this process. In the former, only physicians known to be complimentary to the pharmaceutical industries are accepted on programs of continuing medical education to discuss the oral hypoglycemic agents. Every effort is made to downgrade and to cast suspicion on scientific work that threatens an industry worth at least $100 million a year in gross sales and twice that amount in retail sales. In contrast to this, the hypotensive agents found on the basis of one study to be highly efficacious even at