

funded as this, and we ought to stop putting money into trying to justify a flawed study. Instead we ought to try to correct it, come up with a better study, and come up with the answer which really is of such importance to millions of people throughout the country.

I thank you very much, Senator.

Dr. Bradley?

The CHAIRMAN. You are an articulate advocate, and I appreciate your testimony.

Mr. CHAYET. Thank you, sir.

The CHAIRMAN. Doctor, we are glad to have you back again.

Is there anything you would like to add?

Dr. BRADLEY. Yes. I would like to make a few comments, Senator Nelson. I would like to start, if I may, with a slight anecdote, and this just to change the pace a little bit. Yesterday one of my associates came up to me proudly and said I want you to meet Mr. X. He now is down to his ideal weight of 150 pounds. A little over a year ago he weighed 275 pounds, and at that time was taking 80 units of insulin. Now he weighs down to his ideal weight, and his glucose tolerance test is normal, so that this is an illustration, I think, of the benefits of weight loss and of diet. One of the first things I want to affirm is that the idea of diet as treatment for diabetes did not originate with Dr. Davidson, or with the UGDP or with Dr. Ricketts. As a matter of fact, one of the reasons the Joslin Clinic has been criticized over the years is that they have so rigidly insisted upon diet as primary treatment, whether people are on just diet alone, or whether they are taking insulin or pills. This continues to be the case and has been so all along.

So if you will pardon my digression, I would like to come back to the other issue if I may. I think Mr. Chayet quite rightly has emphasized that the controversy remains, but I would like to approach it along three or four lines with you briefly, if I may.

First of all, the Biometric Study, I think most of us realized, would, to a certain degree, be moderately supportive, and I think those words appear in the study of the UGDP experiment. We did not expect anything different. I would not have been here just because I knew the Biometric Study Report was going to appear, because it does not answer the fundamental questions in this whole issue.

They did not address themselves specifically to two questions which I have raised all along, and now I realize I must send you a publication that has appeared within the last year or so which I prepared for "Controversies in Medicine," and I would be happy to send you copies of that if you wish for the record.

The CHAIRMAN. Thank you.

Dr. BRADLEY. And without going into much detail, these relate to unknowns, if you will, and they are what clinicians, those people taking care of people with diabetes, are more aware of, perhaps a little more humble about than others looking at it from a purely scientific standpoint. There could be unknowns that we have no way of knowing about, but there can be two specific unknowns that come to mind, and these are critical, really, and they are as follows: First, the level of coronary heart disease, the condition of the heart in the diabetics at baseline was not known. I emphasized this in my