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Then 19% of the control group died as compared with 14% of the tolbutamide group with no significant difference in survival after five years. Such a study would weigh heavily against any conclusion that cardiotoxicity was involved in the UGDP tolbutamide patients.

It is also disturbing to note that neither the Biometric Report nor the Chalmers editorial saw fit to call attention to the recent report on the "Role of Diabetes in Congestive Heart Failure, The Framingham Study" (Am. Jnl. Cardiology 34: 29-34, July 1974). The findings are pertinent to any consideration of cardiotoxic effects of oral hypoglycemics. May we quote from the paper:

"Role of Insulin:

Further examination of the group of patients with diabetes who had congestive heart failure revealed that more than half were taking insulin. Treatment of diabetes was therefore subjected to analysis revealing that the only subgroup of diabetic subjects that sustained a substantial and statistically significant increased risk of congestive failure was the group treated with insulin. This was demonstrated by a bivariate regression analysis accounting for age (Table 9)."