loss of appetite plus a feeling of well being. (Genuth JAMA 231: '74). But it obviously cannot represent a panacea and must be carried out under close supervision. To sustain weight loss other measures are needed.

c) Increase in Physical Activity. I have left to the last what may well be one of the most important, even if the least tried and the most poorly documented adjuncts for the prevention and treatment of non-insulin-dependent diabetes, namely increase in physical activity. The only reference to exercise to date in these hearings was on Sept. 18, 1974 (p 10880). Mr. Gordon questioned Dr. Schmidt regarding the suggestion of Dr. Jesse Roth of the NIAMD that "vigorous exercise lowers blood sugar and that there seems to be a persistent beneficial effect in addition to the immediate effect". In answer Dr. Schmidt gave short shrift to exercise as a major factor in the management of diabetes. I disagree with him in this, and have support in the recommendations of the White House Conference on Food, Nutrition, and Health (Panel II-3 p 51 . Adults in an Affluent Society: The Degenerative Diseases of Middle Age). A relevant study is that of Dr Per Bjorntorp in Sweden, who has measured the insulin response of obese middle-aged men before and after a course of physical training. Even though he encouraged them to maintain their excess weight, their resting insulin and insulin response to glucose was strikingly reduced (Metabolism 19:631 '70). This is not surprising, as any insulin-dependent diabetic learns that exercise lowers the requirement for insulin. Some formerly obese persons find that susteined increase in physical activity is the only way they can maintain weight loss.

A lifestyle incompatible with good health often lies behind many patients with non-insulin-dependent diabetes. A change in lifestyle with respect to composition of the diet and level of activity