objective edition of *Drugs of Choice:* "All systemic effects, therefore, stem from an amphetamine-like action. There is no good evidence that this is in any way a superior member of the group." Not surprisingly, the drugs used by Freed and Hayes were supplied by the manufacturer.

The vast majority of the clinical investigations on the anorectic effects of amphetamines yield, to one degree or another, favorable results.

This judgment must be qualified, however, because excellent results are obtained in the early stages of almost all types of treatment because of the initial willingness of subjects to cooperate with a new physician and the psychological impact of a new therapy. But even if we consider amphetamines generally useful in this respect, and I certainly do not, we must still come to grips with the question of adverse effects.

Much of the obesity literature minimizes the number and severity of these effects or actually states that there are none.

Finch, for example, claims that:

> Dexedrine sulphate is a nontoxic safe drug which may safely be used in obstetric patients to aid them in preventing excessive gain of weight.

Studies like this have led to large-scale prescription of amphetamine to pregnant women when there is evidence that it may be a teratogenic agent.

An amphetamine derivative called fenfluramine, sold in the United Kingdom, Europe, and Australia as "ponderax," seems to be a highly specific appetite suppressant with low CNS—stimulating and euphoric properties and low-addictive potential.

Even so, Oswald and his coworkers cautiously conclude only that it *may* be preferred to other amphetamines.

They emphasize that:

> Most slimming pills are also "pep pills" and invite abuse. Past experience leads to scepticism when claims are made that a new appetite-reducing drug does not affect alertness or mood.

Other clinicians, mindful of amphetamines' potential for harm, assert that in weight reduction the exposure is limited to a relatively short period.

But, though this may be the intention, it often does not turn out that way.

People who have problems controlling their need for constant gratification, as indicated by compulsive eating, find it hard to put aside a medication that makes them "feel good."

What is more, many patients consider their attempt to lose weight doomed to failure once they have lost this "magic" potion that protects them from themselves.

When the drug is discontinued, a psychological vacuum is created which has to be filled with food. On occasion, patients have gained back even more weight than they lost, a condition commonly known as the "rebound phenomenon."

So, although short-term use of the drug causes a short-term weight loss, it also helps the patient avoid the issue of changing his eating habits.

I doubt the wisdom of using amphetamines for weight reduction under any circumstances. Although they can cause a 3- to 4-week euphoric "high" that may have as one of its "side effects" a diminished