Of the series, methamphetamine and amphetamine are the most powerful central nervous system stimulants. The stimulant actions of one of these, amphetamine, were first described by Alles in 1933. In 1935, Prinzmetal and Bloomberg initiated clinical use of amphetamine for the treatment of narcolepsy, a disease characterized by inability to stay awake. Since that time, amphetamine products have been employed for a variety of conditions including chronic fatigue, parkinsonism, epilepsy, childhood hyperkinesis, and poisoning by CNS depressants. Of course, the most popular use of amphetamine products today is in the treatment of obesity.

Of the various clinical applications, experts still consider amphetamine as valuable in the treatment of patients with narcolepsy and for children with hyperkinesis in *selected* cases. This condition is very prevalent, experts estimating that some 5 percent of our children are affected to some degree. One of my children, for example, exhibited sufficient hyperactivity, lack of attention span, and associated behavioral problems to require therapy. Similar symptoms were exhibited by some of my other children and drug therapy might have been useful. In retrospect, I probably also presented similar symptoms during childhood. Hyperkinesis in children requires more intensive study and greater recognition. It is frequently associated with learning, speech, and other perceptual deficits. My own son suffered severe emotional problems related to the disease which one psychologist felt represented a borderline psychosis. The mental and emotional scars that are unavoidable sequellae represent the most damaging hazards associated with this disorder. Fortunately, the symptoms usually moderate with age and are seldom apparent in young adults.

Obesity of course is the most prevalent disease in our society. Just from the cosmetic standpoint, the disease can represent a serious threat to well being, and we all appreciate the importance of the quality of life as opposed to its duration. The contribution of obesity to the incidence and severity of other diseases; particularly those involving the lungs, heart, and blood vessels are considered by most experts to be significant. However, epidemiological surveys suggest that remarkable influences on longevity are only seen with early onset obesity; dating back to the teenages, twenties, and early thirties. Conversely, moderate obesity does not appear to significantly change morbidity and mortality associated with pulmonary and cardiovascular disease when weight gains start in later years—after 40. Of course, severe obesity at any age represents a serious disease state which can adversely effect the function of all organ systems.

There should be no question that amphetamine and related drugs are effective adjuncts in a therapeutic program for obesity. Their actions are clearcut and reproduceable.

Senator NELSON. Have you read the literature and the testimony yesterday of the four witnesses who recognize the recommendations of the FDA panel headed by Dr. Prout, that amphetamines' use indicated for obesity should be removed, that the results of treatment of obesity are "trivial," are you aware of it?

Dr. JOLLY. I have become aware of that.

Senator NELSON. Do you disagree?

Dr. JOLLY. No, not really.