With chlorphentermine, one needs to consider that there have been isolated reports of pulmonary hypertension, again which have not been reported, to my knowledge, in the United States.

Thus, these two ring-substituted compounds should be carefully examined, both in the basic research laboratories as well as clinically.

Basic research with these two compounds has demonstrated a marked attenuation of stimulant properties as well as the indicators of abuse potential.

In the case of fenfluramine, it is one-twentieth as potent as amphetamine in elevating blood pressure in rats, and has no effect on body temperature—Bizzi and others, 1970.

Fenfluramine, as well as chlorphentermine, suppress feeding in rats without the induction of locomotor stimulation—van Rossum and Simons, 1969.

In the self-administration technique for assessment of abuse potential, fenfluramine has been demonstrated to be a compound for which neither rats—Baxter and others, 1973—nor monkeys—Griffith, 1976; Woods and Tessel, 1974—will self-administer.

Self-administration data for chlorphentermine is more equivocal, in that rats have been demonstrated to self-inject this compound as they do amphetamine, phenmatrazine, and diethylpropion—Baxter and others, 1973—however, monkeys show little evidence of self-administration—Yanagita, unpublished results.

To continue the example with fenfluramine further, in actual practice as an anorectic, fenfluramine has been demonstrated to decrease food intake in many species, including man—see Stunkard and others, 1973.

Those studies have demonstrated more of a sedative effect chronically with fenfluramine than for either placebo or amphetamine when administered for weight reduction.

Finally, although there is a report of the use of fenfluramine for its hallucinogenic properties, there have been no published reports of dependence patterns following several million prescriptions in the United States.

I would like to present my recommendations on the basis of this statement, and then go into what I think is the major abuse potential of these compounds, the strong stimulant compounds, in man.

In the light of these differences among anorectic compounds, a more rational approach to the abuse potential problem of anorectics would be to encourage discriminating basic research and preclinical evaluation of these compounds for the tradeoff for their anorectic properties and potential stimulant abuse properties.

Furthermore, rescheduling the anorectics with stimulant properties could encourage physicians to be more careful in their prescribing criteria.

This observer would consider moving phentermine—Ionamine and Fastin and diethylpropion Tenuate and Tepanil at least into schedule III.

Mr. GORDON. May I interrupt.

Why schedule III? It has no effect on medical practice.

As a matter of fact, Dr. Crout in a document states as follows:

"Schedule II of the CSA, the most restrictive for marketed drugs, requires nonrefillable prescriptions, special records, and manufactur-