Now, we have heard a lot of expert testimony this morning. I was more than impressed with Dr. Henderson and Dr. Chambers' testimony, and I certainly believe that amphetamine should be barred for the use of obesity.

While we certainly have fewer amphetamines in our town than our neighboring communities, how much better it would be for the collective health of our citizens if effective restraints could be placed on the distribution of all amphetamines.

If it could be shown that amphetamines and related antiobesity preparations were of value in treating obesity perhaps one could argue that the obvious disadvantages to their use were outweighed by the advantages.

The fact is that these drugs are, at best, only briefly effective in the treatment of the overweight patient.

Indeed, the preponderance of evidence is that amphetamines have no long-term value other than the placebo effect present when taking any sort of medicine for any sort of condition.

If amphetamines were effective and necessary in treating obesity it should follow that during the 5 years since the Huntington amphetamine ban our community would now have a larger number of overweight citizens. This is not the case.

Those who advocate the use of currently available "drugs" in the treatment of obesity argue that the supposed appetite suppressant effects of these drugs provide the patient with an initial success in therapy which may spur him on to continue his weight reduction program drug-free.

The extrapolated conclusion, I imagine, would be that to deny the public these drugs would make obesity more difficult to treat.

I certainly do not believe the facts support this conclusion. It is like telling an alcoholic that if sometimes we fill you full of tranquilizers and get you off alcohol for a week or two weeks, or a month or two, it will solve your problem.

We know that that is not the case, when we stop the tranquilizers, he goes right back to the alcohol.

Rather the key to treatment of obesity is motivation, and without it, the drug or diet cannot succeed.

As a physician whose practice of internal medicine includes large numbers of desperately ill cardiac patients, I have had considerable experience in the successful treatment of large numbers of overweight patients.

The key to success is motivation. Without it no drug, no diet, no acupuncture, nothing can succeed.

It is the physician's job to present to the overweight patient the reasons why he must lose weight.

He must get to know the patient, the patient's family, and the patient's problems.

He must convince him of the necessity for losing weight and the logic of his arguments must be inescapable.

Where emotional factors prevent success in a weight reduction program psychological counseling is in order.

When such an emotional impediment to weight reduction exists, the last thing a physician should do is to prescribe a habit-forming drug.

It would seem ridiculous to take a patient who has an emotional