Dr. CROUT. I am told there are several States that have innovative new laws in which the State medical society is asked on occasion to make judgments about professional practice of individual doctors, whether or not they belong to the State medical society, and based upon the recommendations of that committee, the State will take action in revoking a license. So there are some innovative State laws taking place.

You might want to look into that.

What we are saying is that under the Controlled Substances Act, when the Government has the facts, it can move against a physician, but this is relatively difficult.

Senator NELSON. All right.

You may proceed.

Dr. CROUT. Fine.

OBESITY AS A HEALTH PROBLEM

Before turning to the anorectic drugs, it is important that we recognize the public health significance of obesity. Although some may believe that excess weight is merely of cosmetic significance, the fact is that obesity is America's No. 1 nutritional problem. Obesity significantly increases the risk of a number of diseases and complicates many other conditions.

It is usually chronic and is difficult to treat. Successful therapy depends upon vigilance and effort throughout the patient's lifetime. In testimony before the Senate Committee on Nutrition and Human Needs, on July 27, 1976, the Assistant Secretary for Health, Department of Health, Education, and Welfare (DHEW), Dr. Theodore Cooper stated: In recent years obesity has become a public health problem of considerable importance in the United States. Approximately 20 percent of all adults are overweight to a degree that may interfere with optimal health and longevity. Obesity aggravates cardiovascular disease and osteoarthritis and increases the liability to hypertension, atherosclerosis, hernia, and gallbladder disease. Overweight also may facilitate the emergence of latent diabetes in predisposed individuals as they approach an advanced age and adds to the hazards of surgery; it makes for postural derangement, and in extreme cases, it is the cause of obesity dyspnea with pulmonary insufficiency. It is also of interest that the mortality from cirrhosis of the liver in obese males is 249 percent of the expected.

Medicoactuarial statistics make it quite clear that the obese do not live as long as the lean. The chief causes of death among overweight individuals are cardiovascular-renal diseases, diabetes, and disorders of the liver and biliary tract. The burden of obesity is not borne equally among all segments of society. In the United States, it is more likely to be found in the lower socio-economic strata; this association is particularly marked in poor women and to a lesser extent in middle class males.

Again, I would emphasize the statistical importance of obesity in our population and the strong need for and potential benefits of systematic preventive action beginning in early childhood.