These people see in the "diet doctor" an easy solution to their problem and they end up captive to his drugs, needing them just to "keep going." One such physician can easily prescribe more than a million amphetamine tablets in the course of a year. Undoubtedly, in our community his practice is assisted by the unavailability of amphetamines elsewhere. Therefore, 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 anti-obesity 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 five 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. The facts do not support this conclusion.

As a physician whose practice of internal medicine includes large numbers of desperately ill cardiac patients, I have had considerable experience