

3 months after birth. The effect was associated with a persistent depression of brain autonomic nervous system transmitters. This kind of defect is called "behavioral teratogenesis". It appears to be due to a teratogenic effect of a drug on the fetus causing chemical malfunctioning of the brain which is manifest in abnormal behavior and which may not become apparent long after birth.

Concerning the use of anti-obesity drugs in the pregnant woman I again resort to the medical imperative that the physician do no harm. The effectiveness of the anti-obesity drugs is questionable and this area will be discussed by Dr. Yaffe. Thus, the benefits to risk ratio is exceptionally low. At any rate, I feel that the use of anti-obesity drugs during pregnancy should at least be carefully regulated.

Before I close I would like to make one last point on a positive note, I believe that it is reasonable to expect or perhaps to hope that certain drugs may be found that will benefit the fetus as well as the mother. As the fetus becomes accessible to medical probing, through amniocentesis and other techniques, it is conceivable that drugs could be administered to treat the fetus within the uterus. Recently, one of the first such successes in treating a defective fetus has been reported. The child was shown to have an inherited disease known as methylmalonic acidemia by amniocentesis. The fetus was treated within the uterus with vitamin B12 which is known to benefit this disease. The child was born normal. Thus, I believe that fetal therapy with drugs may become very important. I would like to say that this area of fetal therapy is a promising one where drugs should be of great benefit to the unborn child. I would like to take this opportunity to make a plea that research in this area should be greatly supported.

Thank you for your attention.