is greater than energy output. Genetic, glandular, and other physical and physiological causes play a statistically small role in obesity (probably in less than 10 percent); usually the obese person simply overeats. According to one study, only 12 percent of ninety-six very obese patients attributed their condition to "glandular disease"; the rest admitted that overeating was the cause and referred to psychological factors like nervousness, family difficulties, and ingrained habits. Many investigators suggest that obese patients need psychotherapy; otherwise, no dietary regimen or chemotherapy will rectify or control their excessive eating.

Apart from uncommon metabolic aberrations, the principal factors governing appetite are social and psychological. Some people are trained in childhood to overeat; others move in social and business circles where food and alcohol are present in abundance and one is expected to partake. With effort, habits can be broken and living circumstances altered. Emotional problems are far more difficult to deal with. Chronic tension and depression, unusually strong oral drives, low capacity to delay gratification, and the substitution of food for other forms of pleasure -- all common in cases of obesity -- increase the likelihood of becoming dependent on drugs, including amphetamines. Most troubled obese patients will not persist in their efforts to diet. The few who do and lose some weight, regain it. A drug that reduces appetite without requiring solving the patient's emotional problem seems a reasonable alternative to what would otherwise be the almost certain failure of these individuals to lose weight if they were to depend solely on will-power. But the wisdom of such a solution must be examined. Do clinical and experimental studies reliably establish that amphetamine and its congeners have a measurable anorectic