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in working persons is quite unwelcome.

I have little or no indication about the abuse potential or the new drug mazindol but I have a suspicion that this unique formula, quite unlike that of the main family of amphetamines, and which may have its effect on a different site (septum) of the brain, will nonetheless become a drug of dependence. The manufacturers themselves state that this imidazo-iso-indole anorectic agent shares many pharmacological properties with the amphetamines and their congeners. They clearly admit the effects of mazindole include some central nervous system stimulation.

In general terms, and I fully admit that I cannot regard myself not as an authority about obesity, but as one who has been faced with many patients who want to lose weight and find it difficult to remain on any form of suitable diet, I think that a rationale for the anti-obesity pill is faulty. Obese people whose problem has arisen not from some very rare glandular problem, is one of faulty eating habits. At times it is nothing more than lack of good information about the question of energy, calories, the meaning of carbohydrates, and even the nutritional content of many natural foods. Perhaps even more important is the non-realization by many persons who are having trouble losing weight, that alcoholic beverages contain very large number of calories and often are the basis of the difficulty that they are having in losing their excess poundage and then keeping it off. The concept of giving chemical agents in an attempt to lower appetite (which they do for only a limited period of time, such as 3 to 5 or maybe 6 weeks, after which tolerance occurs and there is then little or no appetite depression) is surely not the logical way to combat the underlying problem. I suspect that what really happens in most patients who are given amphetamine-like compounds, is that they have an initial weight loss of 4 or 5 pounds and are thus encouraged. If however they have not in fact changed their eating habits during that period of time, and the anorexiant properties begin to wear off at the previous dosage level, then they begin to eat more and so no further loss occurs. Psychological stimulation or euphoria however may continue to some extent, and if the drug is taken away, then this effect is missed. The repeat prescription is really for the psychic effects rather than anorexiant effects. This possibly is unfair as a generalization, but it is hard to justify amphetamines as appetite