

Since I have brought up the subject of malpractice suits, I would like to call attention to a trend which I consider to be indefensible. From the number of communications I receive from legal firms all over the country regarding the role of maternal drug exposure in birth defects, it appears that some of our legal colleagues believe that the way to demonstrate that a drug is a teratogen is through passionate litigation rather than through dispassionate investigation. The idea has been fostered that one need only to demonstrate the possibility that a given agent could have caused a malformation in an individual. But as I have said (and I believe that most teratologists would agree) under the the right conditions almost any drug can be teratogenic.

However, the question we are addressing here is whether or not amphetamines cause birth defects to the extent that they represent a significant health hazard. From our retrospective data and the peripheral evidence from experimental studies of mechanisms of action in animal models, I would give a qualified yes to the question.

There have been a number of retrospective studies published by other investigators of teratogenic affects attributed to amphetamines and related sympathomimetic drugs, such as phenmetrazine. Levin⁸ found a significant increase in biliary atresia following maternal exposure to amphetamines, and we have some confirmation of this in our study. Matera and co-workers⁹ reported an infant with exencephaly, which is one of the prominent malformations we found in our mouse studies. Nelson and Forfar¹⁰ in a retrospective study of 1369 patients found an excess of infants with maternal exposure to appetite suppressants among those with abnormalities. Lenz¹¹ found a case of diaphragmatic hernia and Powell and Johnston,¹² two cases, following maternal phenmetrazine administration. Moss¹³ found limb anomalies in the