manufacture and diversion of the drugs is on the decrease, so the increasing availability of supplies are created "largely by prescriptions and direct dispensing by physicians," who are apparently "prescribing and dispensing well over the patients' actual medical needs." Such practitioners include the small but notorious handful of "fat doctors" in Long Island who, witnesses said, minister to the needs of 800 to 1200 people a week, very few of whom are fat.

The American Medical Association has not tried very hard to curb such practices, according to Grinspoon. AMA spokesman Frank Chapple says its manual, *AMA Drug Evaluations*, recommends against prescribing amphetamines and like substances for weight control, but that otherwise the organization is not preoccupied with the problem. The AMA disbanded its Council on Drugs in 1971 after that body issued a strong warning about amphetamines, and Grinspoon notes that it has generally tried to avoid offending the drug industry, which, he estimates, is supplying over half the AMA budget with $15 million worth of drug advertising a year.

Grinspoon believes a total ban on amphetamine-like substances—such as has been enacted in Sweden and Japan—is unfeasible. The stuff is too easy to manufacture illicitly and, as with Prohibition, it just wouldn't work. Frank Reynolds, director of Teen Challenge Youth Centers and another witness at the Nelson hearings, deals with drug problems at the street level. From his vantage point neither prohibition nor tighter restrictions on drugs are going to make much of a dent on the problem so long as the belief prevails from Park Avenue to the ghetto that if you have a problem you solve it with a pill. The technological approach to solving human problems was implicitly confirmed by other witnesses who persisted in referring to obesity as a "disease." Obesity is a condition, and for most people it is no more a "disease" than is loneliness or any of the other emotional factors that cause people to overeat.

[From the Federal Register, vol. 35, No. 154, Aug. 8, 1970, pp. 12678–79]

NOTICES

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Food and Drug Administration

[DESI 5378]

CERTAIN ANORECTIC DRUGS

Drugs for Human Use; Drug Efficacy Study Implementation

The Food and Drug Administration has evaluated reports received from the National Academy of Sciences-National Research Council, Drug Efficacy Study Group, on the following anorectic drugs:

1. Biphetamine "7½" Capsules, Biphetamine "12½" Capsules, and Biphetamine "20" Capsules, respectively, containing 3.75 milligrams, 6.25 milligrams, and 10 milligrams each of dextroamphetamine and amphetamine per capsule, all as cation exchange resin complexes of sulfonated polystyrene; Strasenburgh Laboratories Division of Wallace and Tiernan Inc., Post Office Box 1710, Rochester, N.Y. 14603 (NDA 10-093).

2. Biphetamine-T "12½" Capsules and Biphetamine-T "20" Capsules, respectively, containing 6.25 milligrams each of dextroamphetamine and amphetamine, and 40 milligrams methaqualone per capsule, and 10 milligrams each of dextroamphetamine and amphetamine and 40 milligrams methaqualone per capsule, all as cation exchange resin complexes of sulfonated polystyrene; Strasenburgh Laboratories Division of Wallace and Tiernan Inc. (NDA 11-538).

3. Ionamin "15" Capsules and Ionamin "30" Capsules, respectively, containing 15 milligrams phentermine and 30 milligrams phentermine per capsule, both as cation exchange resin complexes of sulfonated polystyrene; Strasenburgh Laboratories Division of Wallace and Tiernan Inc. (NDA 11-613).

4. Du-Oria Tablets containing 10 milligrams methamphetamine hydrochloride, and 0.25 milligram reserpine per sustained release tablet; B. F. Ascher and Co., Inc., 5160 East 59th Street, Kansas City, Mo. 64130. (NDA 9-946).