He was shortly approached by F. B. Nabenhauer of a drug company, which persuaded him to sell his patent rights.

They were interested in this drug for their new "Benzedrine" inhaler, which they were about to market, and indeed, was marketed in 1932. At that time anybody could get the Benzedrine inhaler from grocerystores or drugstores without a prescription, and it was very shortly after that that it was discovered that this indeed could be abused. People would take the inhaler apart, and they could dissolve the contents in alcohol, or even swallow it whole, and discovered they could get quite a high from it.

The drug was packaged in pill form just a few years later, and within a few years of that time 50 million units of the drug were being produced, and as I think I noted in your statement, by 1958 3½ billion units were being produced in this country, and 10 years later, 8 billion, or enough for 35 to 50 pills for every man, woman and child in this country.

Now, World War II gave an enormous boost to the acceptance of these medicines in this country, but by far the most important factor in the enormous and widespread acceptance of these drugs in this country was the way the medical profession perceived this class of drugs as a panacea. As an illustration of this, in 1946 a physician by the name of W. R. Bett wrote an article in which he asserted that there were 39 clinical utilities for this drug.

It was a virtual panacea. It was said to be useful for such diverse syndromes as hiccups, irradiation sickness, hypertension, "caffeine mania," and schizophrenia.

At the present time the medical profession is somewhat divided on what it believes are appropriate utilities of this drug.

Certainly obesity is the condition for which amphetamines are most commonly prescribed, but before I discuss their efficacy in the treatment of this condition, I will briefly consider some of the toxic effects of emphetamines.

Now, of all the myths surrounding the amphetamines, that of their alleged "non-addictiveness" is today the most transparent, even though when these drugs were first introduced they were almost universally hailed as having little or no addictive potential.

I am reading now from the bottom of page 7.

This is not surprising; almost every drug which is now condemned as addictive was vouchsafed by the official medical establishment as extremely useful and nonaddicting when it was first introduced.

For example, when morphine was acetylated in 1898 the new drug was heralded as a nonaddictive cure for opium and morphine addictions.

In fact, enthusiasm was so high that the drug's name was taken from "hero"—it was called "heroin."

Accordingly, the only surprising fact about the controversy over the addictiveness of the amphetamines is that it has persisted for so long, despite early strong evidence that these new drugs were substances which were especially euphorigenic.

Indeed, cases of addiction were reported almost immediately, but the drug industry was so successful in reinforcing and sustaining early medical enthusiasm that even as late as 1958 C. D. Leake categorically