

extremely rare, has undergone considerable reevaluation since 1958, when P. H. Connell published his now famous monograph.

The first medical report to call attention to the possibility of amphetamine psychosis was published in 1938 by D. Young and W. B. Scoville. In the early 1940's there were a few similar reports from Switzerland and Germany, but very few evaluations of amphetamine psychosis had been published before Connell's pioneering work. Reviewing all the French and English literature, he was able to find only 36 cases. O. J. Kalant, in a subsequent review of the international medical literature up until the publication of Connell's book, uncovered 35 additional cases.

But even if Connell had come across more reports, he probably would have persisted in his motivating insight regarding the strikingly close clinical symptomatology presented by patients suffering from amphetamine psychosis and paranoid schizophrenia.

Accordingly, he launched a personal 3-year investigation of patients admitted to five London hospitals, and discovered 42 unmistakable cases of amphetamine psychosis that would have otherwise undoubtedly gone undetected.

In addition, colleagues who learned of his efforts reported another 14 substantiated cases to him.

Connell stressed that, despite his earlier suspicions, he was quite surprised to find such a relatively high incidence of amphetamine psychosis.

Connell's findings stirred interest and more exact diagnosis. In the 5-year period immediately following his book's publication, 118 more cases of amphetamine psychosis were reported, as compared with only 71 in the 20 years after Young and Scoville's initial report.

Mr. GORDON. Is there any way of ascertaining in advance a person's susceptibility to the toxic effects of amphetamine?

Dr. GRINSPOON. There is none.

Mr. GORDON. If not, then how can a physician who prescribes these drugs adhere to the medical doctrine of "*Primum non nocere*"; that is, first do no harm?

Dr. GRINSPOON. Well, as I mention at the close of my statement, I think that is the way in which physicians have not been as responsible about these drugs as I believe they should be.

Now, it is true there are some people who are particularly vulnerable to the effects of amphetamines.

For example, someone with a congenital vascular problem in the cerebral circulation; but generally speaking, these people are unknown until an accident occurs.

One just does not know it if the patient happens to be a person who is particularly susceptible; there is no way of knowing in advance.

If he has a history of it, then you do know, but certainly a doctor who is quite knowledgeable about amphetamines certainly would not give them to such a person.

I should mention that amphetamine psychoses are so common now that people do not bother to report them.

Prior to Connell's work, it had usually been assumed that only persons who were in some peculiar way "latent schizophrenics" or "pre-psychotics" would ever develop psychoses after even massive and prolonged doses of amphetamines.