I have a table, Mr. Chairman with a listing of the anorectic and stimulant drugs

[The table follows:]

TABLE I.—DEA SCHEDULE, GENERIC EQUIVALENTS, AND TRADE NAMES OF PRESENTLY MARKETED STIMULANT DRUGS IN THE UNITED STATES

DEA schedule	Generic name	Trade name
II	Amphetamines:	
	d amphetamine	Dexedrine, Obotan.
	d, l amphetamine isomers	Benzedrine, Biphetamine, Delcobese, Obetrol
	Methamphetaimine	Desoxyn, Fetamin.
	d amphetamine+amobarbital	Dexamyl.
	d, l amphetamine+prochlorperazine	Eskatrol.
	Other stimulant drugs:	
II	Methylphenidate	Ritalin.
II	Phenmetrazine	Preludin.
III	Benzphetamine	Didrex.
III	Chlorphentermine	Pre-Sate.
III	Clortermine	Voranil.
III	Mazindol	Sanorex.
III	Phendimetrazine	Bontril, Melfiat, Obe-Nil, Stratobex, Bacarate.
IV	Diethylpropion	Tenuate, Tepanil.
IV	Fenfluramine	Pondimin.
IV	Phentermine	Ionamin, Fastin.

Dr. ELLINWOOD. Methylphenidate and phenmetrazine also have strong stimulating properties similar to the amphetamines.

In considering the usefulness of these stimulant properties, there are two specific medical uses on which a consensus among physicians is held:

(1) Their use in hyperkinetic children; and

(2) Their use in narcolepsy.

In both these conditions, one is faced with deficiencies in arousal and attention mechanisms.

Hyperkinetic children demonstrate a remarkable inability to focus their attention on specific tasks or interests before them. They are especially distractable and susceptible to extraneous stimuli from the environment.

In a school situation, they are incapable of handling the repetitious tasks requiring focused attention, such as reading and writing.

Stimulants have also been generally accepted as a specific treatment for narcolepsy, an uncommon condition which is characterized by sudden attacks of sleep and weakness during normal waking hours, and unusual periodic sleep patterns at night.

Stimulants, and especially amphetamine, have been found to change what is at times an incapacitating condition to an ability to return to work, to drive a car, and to carry out in a relatively normal fashion, tasks requiring vigilance and attention.

Without the stimulants, the individual would periodically fall asleep as many as 6 to 20 times a day, and at times and conditions that would be compromising and dangerous.

There is a disagreement over the use of anorectics having pronounced stimulant properties in weight reduction regimes.

This disagreement arises primarily because many individuals who have originally taken the stimulants for weight reduction appreciate the energizing and euphoric effects and continue to take the drugs for reasons other than weight reduction.