

should be made available to the medical profession. Our first job in the special committee, therefore, was to have a look at the therapeutic indications for the use of these particular drugs.

The way in which this control system was introduced in Canada, was through the political forum.

Our then Minister of Health and Welfare, Mr. John Munro, stated in our House of Commons that he had been advised that only two diagnoses, narcolepsy and hyperkinetic disorders of childhood were true indications for these drugs.

This was not the impression of many physicians in Canada. The committee, however, started from that viewpoint, and then began to look at other possibilities.

We agreed unanimously that these drugs were not antidepressants but rather that they are stimulants; they do have anorectic properties, possibly as a side effect. Primarily, however, they are central nervous system stimulants, and have no real place in modern medicine as antidepressants.

New antidepressant drugs have become available to medicine in the last few years which we feel are much more effective and safer than the amphetamines.

It was the opinion of some that amphetamines can increase the physical activity and brighten the outlook of depressed people, but it was our impression from the literature of the time that increased activity in acutely depressed people sometimes in fact raises the possibility of suicide, rather than decreases it.

We felt that there was no place for these drugs, for maintenance of amphetamine-dependent persons.

We did not feel that these designated drugs should be used for the treatment of obesity, especially as other drugs were available for this purpose.

We also felt that these drugs should not be used for the treatment of disorders of the muscles and nerves—musculo-skeletal diseases.

There were differences of opinion about the use of these drugs in the condition known as idiopathic edema, swelling of the lower extremities mainly in women. An increase in physical activity seems to benefit some of these patients, but we thought the vast majority of these people do not require amphetamines, and so we did not regard it an appropriate diagnosis for them.

On page 4 of my statement, Senator Nelson, I mention nonnarcoleptic hypersomnia. This means people who have an overwhelming problem because they fall asleep at inopportune times. An alternative diagnosis often cannot be made.

We are not entirely sure what this particular problem is, although it is seen in various disguises. In the *Pickwick Papers* of Charles Dickens, you may remember the fat boy who used to travel on the stagecoach, and who kept falling asleep. These people are obese, they have a great problem in breathing. They in fact underbreathe, and very often during sleep they stop breathing for short periods. They are blue in color, have muscle twitching, and they are forever asleep. It is a very distressing situation.

It does appear that some of these people might be benefited by the use of amphetamines. In recent years, however, it has been established that other drugs can also be used.