For example, female sex hormones may benefit some of these unfortunate persons.

I believe we should await the results of considerable research being conducted now in the field of sleep.

We chose not to include this diagnosis as a justification for treatment with amphetamines.

Amphetamines have been combined with pain relieving medications for many years, especially in the treatment of painful menstrual cramps. I believe that has been an area of misuse, and many young women have become somewhat dependent on stimulants and amphetamines as a result of there being given these drugs for too long. Because nervous system stimulation is pleasant, the drugs that produce this effect begin to be used at times when there is no actual problem. It then can become a habit.

This does not mean they have absolutely no place in pain relief. The amphetamines as a stimulant of the central nervous system distract people from some of their discomforts. However, we were concerned about the widespread use of amphetamines in our society by gynecologists and family physicians, and we felt the risks outweighed the benefits, and that therefore we should not approve this as a diagnosis. We, therefore, reached a consensus on a small number of diagnoses for which these amphetamine drugs could be legally prescribed by Canadian physicians.

Mr. GORDON. You are including the congeners?

Dr. HENDERSON. I am talking purely at the moment of the amphetamines, benzphetamine, methamphetamine, phendimetrazine, and phenmetrazine.

I am still talking about those drugs above the line which I drew. Narcolepsy is one diagnosis that we felt justified amphetamine drugs.

There are conflicting reports about the number of people who have narcolepsy. In the United States the number varies from a few hundred to 20,000.

Part of the problem is that we have no definite diagnostic criteria for this particular diagnosis. Many of these people do not need any drugs. They perhaps need special advice; they may require to have special consideration at work; and be allowed to take a nap in the middle of the day. However, some find this particular problem overwhelming, and falling asleep if you are working in a dangerous environment could be extremely hazardous. So this diagnosis may well justify use of amphetamines.

Our second approved condition is hyperkinetic disorders in children. I think, however, that there is almost more confusion here than there is about narcolepsy.

I personally worry more about this diagnosis. I believe we have been too sloppy in our thinking about what is hyperactivity, or hyperkinesis and what should be called the hyperkinetic syndrome, where the child's behavior is self-destructive, who cannot learn, and who is almost impossible to handle in the classroom.

It is my opinion that the number of children with this particular syndrome is really quite small, whereas the number of hyperactive children is quite large.

Some of them are hyperactive in school because they are bored. Children who are bright, with a high IQ, but who are bored, and cause classroom trouble, do not need drugs at all.