of them could be purchased at drug or grocery stores without a prescription. All of these products were very easy to break open, and the number of different techniques of ingestion was limited only by the ingenuity of the abusers. Although dissolving the fillers in alcohol or coffee produced the desired effects, a much stronger kick could be obtained by chewing these bits of cotton, or simply swallowing them whole. The extent of inhaler abuse was finally documented in the medical literature by the now classic study conducted by R. R. Monroe and H. H. Drell in late 1947. found that about 25 per cent of more than 1,000 military prisoners openly admitted to abuse of amphetamine inhalers. Monroe and Drell stressed that their figures were "deceptively low," because amphetamine intoxication was considered a grave offense by the military prison authorities. Prison life could not be blamed for this outbreak of drug abuse and addiction; more than 95 per cent of the men had begun to take amphetamines after induction into the Army, but before incarceration. It was annarent that these men resorted to inhalers because, unlike their fellows outside the barracks, they did not have access to "Renzedrine" in mill form. Monroe and Drell were also careful to point out that most of these prisoners were not criminals. but "essentially normal persons who were merely victims of circumstances or severe situational stress."

In the years following the Monroe renort the abuse of amnhetamine inhalers became such an obvious socio-medical problem that many drug firms withdrew their products form the market. The remaining drug firms were supposedly forced to drop their inhalers in 1959, when these amnhetamine sources were finally banned by the Food and Drug Administration except as prescription items. However, this ban was almost totally ineffective, because it applied only to devices containing "Penzedrine" and dextro-