deal of the time, he is often considered to be merely exhausted. But the picture of the amphetamine abstinence syndrome that has recently emerged is as unpleasant and painful as the traditional reputation of heroin withdrawal. Extreme lethargy, fatigue, anxiety, terrifying nightmares, and suicidally severe depression are common. The individual is usually completely disoriented, bewildered and confused. He is apt to be extremely irritable and demanding -- which drives people away just when he most needs their help. His psychic disruption and loss of self-control may lead to violent acting out of aggressive impulses. His head aches, he has trouble breathing, he sweats profusely, and his body is racked with alternating sensations of extreme heat and cold and excruciating muscle cramps. He characteristically suffers painful gastrointestinal cramps. Especially if he is alone, and despite his sometimes incredible hunger, he often lacks the strength to eat at all, aggravating his condition through malnutrition.

As early as 1935 reports began to appear in medical journals suggesting that "Benzedrine" might cause serious cardiovascular disturbances. The following year the first such concrete evidence was published by E. W. Anderson and W. C. M. Scott, who administered "therapeutic" doses (10 to 30 mg) of "Benzedrine" to 20 "physically fit" and "normal" subjects in a controlled laboratory experiment. Almost without exception their subjects exhibited pallor and flushing, palpitations, and changes (usually marked increases) in pulse rate and blood pressure. In six cases the effects were more severe and included collapse, multiple extrasystoles, heart-block, and pain in the chest radiating into the left arm.