

14714 COMPETITIVE PROBLEMS IN THE DRUG INDUSTRY

From 1939 to 1962, at least 54 cases of acute physical amphetamine poisoning were published in the American and British literature, and many reports came in from nations like Japan and Sweden, where severe intravenous amphetamine epidemics broke out earlier than in this country. In addition, in 1962 B. H. Ong noted that in 1958 alone 38 separate cases of acute amphetamine poisoning in children under five years of age had been reported to the Boston Poison Information Center. Similarly, 52 different cases of very young children suffering from acute physical reactions to amphetamine were admitted to one Toronto hospital from 1960 to 1963. P. H. Connell, searching for instances of amphetamine psychosis up to 1956, noted that all but ten of 92 cases also suffered moderate to severe physical signs and symptoms, including flushing, pallor, cyanosis, fever, tachycardia, serious cardiac problems, markedly elevated blood pressure, hemorrhage or other "vascular accidents," nausea, vomiting, difficulty in breathing, tremor, ataxia, or loss of sensory abilities, twitchings, tetany, convulsions, loss of consciousness, and coma.

Since high-dose and/or intravenous abuse of amphetamines has become increasingly more popular since the early 1960's, a whole new spectrum of serious physiological reactions have been reported. By 1966 cases of severe serum hepatitis resulting from intravenous abuse of amphetamines were being regarded as fairly common occurrences: one physician reported that at least 11 cases had resulted from a two-day "meth party" in Salt Lake City that year. At about this same time several independent Japanese, British, and American investigators began to speculate that intravenous abuse of speed could cause permanent or long-term brain damage. In 1970 the first clinical