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Ten minutes after the first injections the researchers noted decreased caliber of many of the smaller arteries supplying the brain, with either slowing or total blockage of blood flow in some arteries in four out of five monkeys. At the end of two weeks of every-other-day injections, autopsies revealed irreversible damage to the brain. Rumbaugh has recently pointed out that these investigations and laboratory experiments strongly suggest that intravenous methamphetamine is the likely cause for the abnormally high incidence of "stroke" victims among the 15 to 25 age group in the Los Angeles area. Rumbaugh stresses that a stroke-type reaction may follow even low-dose oral use of amphetamines, because of the wide variations in susceptibility to the toxic effects of amphetamines.

It is perhaps easiest to grasm a sense of the real dimensions of the psychological dangers inherent in amphetamine use if we consider only the most serious and disruptive effects. Although restlessness, dysphoria, logorrhea (excessive talkativeness), insomnia, some degree of confusion, dizziness, transient nausea, tension, anxiety, and fear to the noint of acute panic have been renorted by a large number of authors, these effects are probably best considered as inseparable components of the amphetamines' alerting, stimulating, and "euphoric" properties. But amphetamine psychosis, even though it was once considered extremely rare, has undergone considerable re-evaluation since 1958, when P. H. Connell published his now famous monograph.

The first medical report to call attention to the mossibility of amphetamine psychosis was published in 1938 by D. Young and W. B. Scoville. In the early 1940s there were a few similar reports from Switzerland and Germany, but very few evaluations of amphetamine psychosis had been published before Connell's pioneering work. Reviewing all the French and