

between long- and short-term results. The most impressive weight losses for all three groups occurred in the first one or two months. Overall, amphetamines emerged as superior to the thyroid regime; but interestingly, in the long run diet alone compared favorably with diet and amphetamine. Further data on tolerance are supplied by Gelvin and McGavack, who studied twenty-seven obese patients attending the Welfare Island Dispensary. They took an initial dose of 15 mg Dexedrine per day (rapidly increased to a maximum of 30 mg) and were permitted to eat as they pleased. After eight weeks, 47 percent were maintaining a weight loss of one pound per week; after twelve weeks, only 23 percent continued to lose even that much. Twenty weeks after the beginning of treatment only one patient was still losing weight.

The use of amphetamine to correct faulty eating habits has been suggested, but studies with animals have shown how difficult this is. Harris gave intramuscular injections (2.5 to 20 mg d-amphetamine sulphate) to dogs one hour before feeding, with the result that food intake was substantially decreased. In the case of one dog (16 kg in weight) who was given injections of 10 mg per day, food consumption was reduced by 87 percent and body weight by 27.4 percent within thirty-two days. After thirty days, an injection of saline solution was substituted for the amphetamine. The animals' appetite immediately increased greatly; obviously conditioning by the amphetamine regime could not be sustained without the anorectic effect of the drug itself. Similarly, the experience of most physicians treating patients for obesity suggests that little long-term "learning" effect can be attributed to the amphetamine regime; most patients, once they stop using amphetamines or become tolerant to them, resume their