former eating habits.

A second series of papers on obesity and amphetamines emerged in the 1950s, heralding the use of combination drugs in which amphetamine was supplemented with a barbiturate (in most instances amobarbital). The advantage was reported to be an easing of the emotional extremes found in obese patients. These studies, most of them uncontrolled and methodologically unsound, stated that patients lost weight, as with amphetamine alone, but also improved in mood. No data indicated that the combination drugs were any more effective than amphetamines alone.

In the late 1950s a third series of studies began to appear, dealing with the effectiveness of new amphetamine congeners or new forms (for example, "timed-release" packaging) of already existing amphetamines. These drugs all share the same basic chemical skeleton and have effects, including adverse ones, very similar to amphetamine sulfate, although it was claimed for one drug after another that it had fewer "side effects." W. Modell writes that: "it seems unlikely that any minor structural change in this group which continues the same theme will separate the action that may be clinically undesirable. Yet it is precisely this which is inferred from many claims made for these drugs, namely the recurrent claims for reduced incidence of insomnia, anxiety, and nervousness, with potent anorectic effect." Still, they were sometimes compared with dextroamphetamine or a combination drug and found superior. I. H. Kupersmith conducted what he termed a "comparative clinical investigation" in which he employed ephedrine-ethylenediamine complex, d-amphetamine sulfate, d-amphetamine sulfate with a barbiturate, and placebo. The weight changes per month in descending order were -11.3, -7.7, -3.0, and +1.2 pounds. In their eager-