Shortly thereafter the Canadian Society for Obstetrics and Gynecology informed us that it too felt that the danger of habituation to amphetamines in young women should not be ignored, and that this danger is perhaps greater than any possible benefit from the drug. It thus appeared to us that the inclusion of dysmenorrhea on the list of approved medical conditions would be unwise.

We reached consensus about acceptable conditions for which amphetamines (meaning at this time gentleman, dl-amphetamine, dextroamphetamine, benzphetamine, methamphetamine, phenmetrazine and phendimetrazine) should be prescribed by licenced practitioners in Canada. These are as follows:

1) Narcolepsy. This was entirely acceptable as an indication for judicious use of amphetamine compounds. The problem is one of diagnosis, for there are no water-tight diagnostic features, and the symptomatology is highly subjective. If there is any diagnosis which I personally feel may be overused at the present time as an indication for amphetamines since the time of our legislation, it is this particular condition.

2) Hyperkinetic disorders in children. This also may be an acceptable indication, provided that the diagnosis is not merely one of hyperactivity, which occasionally can be familial. In many ways the true hyperkinetic disorder in children which responds to amphetamines may be the result of a minimal brain dysfunction of organic nature. We recognized of course that drugs other than amphetamines of the designated variety, including methylphenidate and imipramine, a trycyclic antidepressant, can also be used for these children. Even more recently it has been suggested that caffeine may be the safest of all stimulants to help these particular children whose behaviour improves under drug therapy.