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- 3) Mental retardation (minimal brain dysfunction). The committee continued to have a problem with this particular designation specifically because mental retardation must be carefully defined. It is not an equivalent to "minimal brain dysfunction". The committee however was also dissatisfied with the term minimal brain dysfunction in view of the fact that it is not a recognized diagnostic term, and means nothing in terms of pathophysiology. However it was accepted that it may be difficult to define an acceptable alternative name which would be well understood by medical practitioners. The real concept here is perhaps given by the clumsy term "organic mental behavioural or learning disorder". As this is what we chose to define by the term minimal brain dysfunction, our members felt that as such it should be retained on our approved list.
- 4) Epilepsy. Some forms of epilepsy are perhaps benefited by amphetamines although the indication is by no means universal.
- 5) Parkinsonism. While many neurologists find no use for amphetamines in this condition, there are others who feel that the drugs may increase mobility and can decrease some of the side effects of other compounds which are used to ameliorate tremor and muscle rigidity.

One further special use is in the combatting of hypotensive states associated with anesthesia. Amphetamines are of course sympathomimetic agents, and have been used as vasopressor agents to increase blood pressure. In recent years there has been a movement away from the use of vasopressors in shock and shock-like states. Nevertheless it would appear that in the hands of skilled physicians who prefer an amphetamine over other vasopressors, there may still be a valid reason to have it available.