Table I. Drug identifications (single dose questionnaire) for comparison of placebo condition with d-amphetamine and fenfluramine\*

Subjects	Placebo	d-amphetamine		Fenfluramine		
		20	40	60	120	240†
Blank	45	25	19	42	23	11
Dope	0	0	0	0	0	0
Cocaine	0	2	0	0	3	0
Marijuana	0	0	0	0	0	0
Barbiturate	0	0	0	0	0	12
Alcohol	0	0	0	0	0	0
Benzadrine (amphetamine)	3	29	36	0	5	8
LSD	0	0	0	6	10	5
Thorazine	0	0	0	0	0	0
Librium	0	0	0	0	0	0
Others	1	0	4	6	1	9

<sup>\*</sup>Numbers represent total response by all subjects for the first 7 observations. Maximum response in any category, -56.

among these 7 by Amphetamine, MBG, and Liking Scale measures. One subject, however, denied both euphorogenic and dysphorogenic effects after the 40-mg dose (but not at 20 mg), which flattened the dose-response curve. These effects of amphetamine were generally categorized by subjects as "amphetamine" (Table I). Although subjective effects were accompanied by obvious behavioral changes, no relationship between behavioral change and drug condition or dose condition could be demonstrated.

The response to the 60 mg dose of fenfluramine was modest. Only 3 subjects identified this dose as psychoactive (subjects' liking, Fig. 1; Table I). The effect with the larger doses of fenfluramine was more definite; however, subjects varied considerably in their response to the same dose of fenfluramine and to different doses, and in terms of the manifestation of a particular effect over time. In contrast to amphetamine, the euphoric mood states elicited were of shorter duration, episodic, and accompanied by degrees of personal grandiosity. These euphoric changes would alternate (sometimes in a matter of minutes) with even more striking dysphoric episodes that eventually became the more prevailing and predominant effect. These polar opposites of mood and early psychotomimetic effects were reflected in simultaneous elevations of Amphetamine, Liking, and LSD Scale measures during the first 6 hr. The combined 6-hr MBG Scale response, a more general measure of drug-induced euphoria, was not different from placebo. However, a randomized block analysis of variance of peak MBG scores indicated significant dose-related increases with fenfluramine. These MBG Scale peaks were of short duration (1-2 hr) and associated with peak Amphetamine Scale and blood pressure elevations.

Five of the 8 subjects receiving the 240-mg dose of fenfluramine eventually were sedated and categorized the response as "barbiturate"-like (Table I), although their appearance more resembled that seen following a large dose of phenothiazines. Hallucinogenic phenomena were not observed in these 5. Three other subjects, however, experienced frank hallucinogenic episodes of sudden onset, but without sedative effects.

Hallucinogenic effects. Three subjects sustained clear-cut hallucinogenic syndromes during the crossover assay. This response was not expected and, except as noted, promptly antidoted with diazepam.

Only mild changes were noticed in 1 subject. Approximately 1½ hr postdrug, he became angry and demanded a conference to learn "why people were looking at his television set"—an inappropriate concern because the receiver was locked and secure in his room in another part of the building. In a matter of minutes, however, he experienced a "mellow high," denied being angry, and explained

<sup>†</sup>Six subjects.