routinely by some. Finally, it should be emphasized that this form of addiction to amphetamine is regarded by many experts to present the greatest potential for social aberrancies of a hazardous nature among the whole group of drug abuse problems. These individuals can be mutilators of children as well as adults, rapists and cold blooded killers. One wonders for example, if the Manson Cult were amphetamine freaks.

The issue remains whether the risk to benefit ratio associated with the therapeutic use of amphetamine for obesity or any other disease, is sufficiently low to justify their continued commercial availability. At present straight amphetamine and methamphetamines are included in Schedule II of the Controlled Substances Act along with morphine, cocaine and other drugs of abuse. Should these two drugs in particular be relegated to Category I, thereby prohibiting any form of commercial distribution? Should their use be restricted to cases of narcolepsy or childhood hyperkinesis in which they may well represent drugs of choice?

Those who hold that an elevation to the Category I status would be overkill point out that initial results obtained through imposing the Category II restrictions have been moderately effective in diminishing the low-dose amphetamine abuse problem and that with improved surveillance this form of moderate abuse will be effectively retarded. Many have doubts that a Category I status would have any appreciable effect on