gory of proper medical practice and less controversial, although available, controlled studies of the use of *d*-amphetamine in mild depression and fatigue states, as seen in general practice, have shown this drug to be less effective than placebo.

The use of stimulants to antagonize drug depression in acute poisoning is a clear-cut proper indication, but the use of these stimulants chronically by alcohol and barbiturate dependent persons in an effort to increase mental or physical performance is a most dangerous practice since it permits the subject to take larger and larger quantities of depressant drugs leading to mental and physical deterioration. In the same hazardous category is the regular use of amphetamines in the morning to antagonize hangover effects from the "spree" use of excessive alcohol and barbiturates. This often leads directly to dependency.

Amphetamine-type drugs are prescribed to reduce appetite in weight control and reduction programs. Although it is clearly demonstrated that these drugs are capable of appetite suppression, neither weight control nor reduction is likely to be successful with stimulant drugs alone. The best medical clinics rely solely on dietetic control and diuretic drugs for weight reduction. This is undoubtedly the largest area for physician misuse. Prescribing amphetamines on a continuing basis to patients who have shown no substantial weight reduction will, in many cases, lead to the establishment of strong psychological dependence. Once established strongly, the patient begins to abuse the drug compulsively and often seeks other sources of supply to fulfill his increased need as tolerance develops. Careful epidemiological studies made in Great Britain indicate that a majority of amphetamine abuse was in women in the thirty-five to fifty age range.

Since these drugs show comparatively little acute toxicity with ordinary clinical doses, ethical physicians are often careless about prescribing large quantities without a "no refill" order. Obesity clinics have, from time to time, been established by unethical physicians; patients receiving their supply of drug from a nurse, often without medical examination of any kind. These are now fairly well controlled by medical boards of licensure. Drug manufacturers are attempting to find antiappetite drugs without stimu-