

Still, they were sometimes compared with dextroamphetamine or a combination drug and found superior.

I. H. Kupersmith conducted what he termed a "comparative clinical investigation" in which he employed ephedrine-ethylenediamine complex, d-amphetamine sulphate, d-amphetamine sulphate with a barbiturate, and placebo.

The weight changes per month in descending order were -11.3, -7.7, -3.0, and +1.2 pounds. In their eagerness to establish the superiority of the new amphetamines many authors failed to build even minimal controls into their research designs.

The Kupersmith data come from three different groups of subjects at different times and places. The only demographic data he includes are that they were "overweight subjects" or "overweight patients."

From such data it seems likely that the most important independent variable was the researcher's desire for the results to come out as they did.

A 1959 article by S. C. Freed and E. E. Hays on the drug Ionamin is representative of the kind of anorectic drug evaluation reports that have appeared in reputable medical journals during the last 35 years.

The authors do not indicate how their subjects were selected, but it is apparent that they did not use any nondrug, placebo-administered, or even dextroamphetamine-treated control group or attempt to follow-up their patients after cessation of Ionamin treatment.

Furthermore, the data they present are sparse and incomplete; they do not even provide information on how obese any of their subjects were before beginning their drug and diet regimens.

From the limited data they supply, we can calculate that one group of 60 patients treated with fairly high—30 milligrams daily—doses of Ionamin lost an average of less than 7 pounds over the 1-month period.

This is not very convincing when one considers that the weight of many people who are not taking any drugs or making any effort to lose weight may fluctuate almost as much as this in a month and still be well within normal limits.

The authors also minimized the "side reactions" to Ionamin, asserting, for example, that the insomnia often experienced was "somewhat different from that occurring during amphetamine therapy," in that and the psychological impact of a new therapy. But even if we compared to the nervous overexhilaration which (has) * * * prevented sleep following amphetamine treatment."

If this statement deserves any credence—not that it necessarily does—it suggests that Ionamin is more likely to lead to drug abuse than racemic amphetamine; people generally do not persist in taking drugs they consider unpleasant.

Freed and Hays claim that Ionamin is "chemically and pharmacologically different from amphetamine." However, the following year W. Modell emphasized that:

Phenyltertiarybutylamine resin * * * advertised as not being an amphetamine drug, is a carboxylic acid-type of exchange resin which contains substituted phenylbutylamine moieties that are released in the gastrointestinal tract.

As shown in the formulas, the amine itself clearly belongs to the amphetamine series.

Ten years later, he devoted only two brief sentences to the alleged unique mode of action and value of Ionamin in his comprehensive and