

ness 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 thirty-five 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 sixty patients treated with fairly high (30 mg daily) doses of Ionamin lost an average of less than seven pounds over the one-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 their patients "reported a wakefulness which was not unpleasant, compared to the nervous