

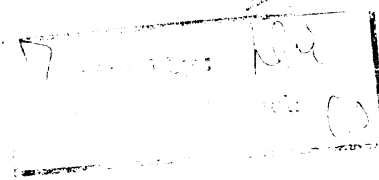


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Contradictory studies and insider dealing

Little could be better for the education of medical students and doctors than to present them with two studies that reach directly contrary conclusions. They can then see the danger of drawing conclusions from one study—even when that study seems to be well done. This week's journal contains a good example of such studies.

Grethe Støa-Birketvedt from Norway has found in a double blind randomised study that cimetidine suspension produces significantly greater weight loss than placebo (p 1091). And in an equally well designed study a group from Copenhagen has found that it doesn't (p 1093). John Garrow in an editorial can spot no obvious fault but is sceptical about the claims for cimetidine (p 1084). Journal clubs across the globe will be applying themselves to trying to understand why the studies should produce such different results, but in the end another trial will surely be necessary.

Had the *BMJ* published the paper with the positive results for cimetidine on its own then the effect on the share price of the manufacturers of H₂ antagonists might have been dramatic—because a drug that acted so powerfully on such a common problem as weight loss might find a huge market. Those who knew about the study before publication might have bought shares in such companies and then sold them for a handsome

profit after publication. If they had done so, they would have been guilty of insider dealing—as a paper on p 1112 describes. The authors discuss the complex issues surrounding such cases and conclude that the results of potentially price sensitive clinical studies should be published in peer reviewed journals without prior disclosure. The possible effect that prior disclosure of trials may have is illustrated by the graph in the margin. It shows what happened to the price of Wellcome shares around the time of the publication in the *Lancet* of the preliminary results of the Concorde trial showing that zidovudine did not delay death or the onset of AIDS in asymptomatic patients with HIV. (The effect is complicated by the share price of most pharmaceutical companies falling after the Clintons announced their intention of reducing expenditure on drugs in the United States.)

Some relief may be needed after tackling these papers, and such material is provided by an editorial on rediscovering the importance of gardens in healing (p 1080) and by Stuart Handysides describing how careful design can make life better for people with dementia (p 1115). A professor of medicine told me in 1978 that in 20 years' time doctors would be working more with architects than stethoscopes. Maybe he was right.

BMJ

Editor's Choice

