voting, and are "taking over" key institutions such as the professional associations. The Government further maintains that it is merely requiring the EMA to become even more democratic by forcing all its members to vote. The EMA on the other hand is convinced that it is paying the price for its vocal opposition to arbitrary detention and cases of alleged torture that have been carried out by the Government in the name of curbing the rising wave of Islamic fundamentalism.

London — Peter Kandela

Australia: McBride guilty of scientific fraud

Celebrity obstetrician Dr William McBride has been found guilty of 14 counts of scientific fraud after a hearing by the NSW Medical Tribunal lasting 22 months, with 198 sitting days and costing A$5–7 million.

McBride achieved instant fame with the publication of a letter to *The Lancet* in December, 1961, noting birth deformities possibly associated with thalidomide. He became a darling of the social set and later established Foundation 41, which studied the causes of birth defects. But he received little professional acknowledgment. He rarely received funding from the medical-scientific establishment, and relied on public donations.

During his career McBride claimed that several other drugs were teratogenic. In 1972 he announced that imipramine caused limblessness, but when questioned by Health Department officials investigating the claim he withdrew it for lack of evidence. In 1980 he claimed that Debendox was teratogenic. Manufacturers Merrell Dow withdrew it from the market because of public outcry, although McBride had few medical supporters for his claim.

McBride's public reputation started to decline in December, 1987, when Australian Broadcasting Commission journalist Dr Norman Swan aired allegations of scientific fraud. A subsequent inquiry headed by former Chief Justice Sir Harry Gibbs found those allegations to be true. The NSW Health Complaints Unit investigated McBride's obstetric work, and brought 44 charges before the Medical Tribunal to go with the 24 charges of scientific fraud.

The hearing's inordinate length was due largely to those 44 charges of medical misconduct, which related mainly to accusations that McBride did caesarean sections for spurious reasons. Each case had to be examined individually and all were rejected—the only medical charge proved was that he had left a woman in labour without making proper arrangements for her continuing care. This case was described by the tribunal as "a minor and isolated lapse and out of character with his normal practice". But a hearing expected to last six weeks saw McBride alone spend 47 days in the witness box.

The 14 proved charges of publishing false and misleading scientific research linked to an experiment reported in the *Australian Journal of Biological Sciences* on hyoscine, an anticholinergic agent related to one of the components of Debendox. Phil Vardy, the researcher who carried out the original work and who found his name, to his surprise, on the paper, checked his notes and found a study of six rabbits with one deformity and no controls. The study was published as eight subjects with three deformities and eight normal controls. It was now statistically significant.

McBride admits that there were several "irregularities" in the experiments he described. He says studies on the two extra subject rabbits that gave positive results and on all the control rabbits had been done overseas by a friend who has since died, and that he did not mention this in the paper. However, he maintains his innocence of fraud, saying that he acted "in the long term interests of humanity".

The penalty to be imposed by the Medical Tribunal, which could range from a reprimand to deregistration, has not been announced.

Mark Ragg

Canada: Drug assessment

Health ministers are considering the recommendation of a federal/provincial task force to create a Canadian Agency for Pharmaceutical Information Assessment (CAPIA) to rate the relative benefits, risks, and costs of comparable drugs.

Proponents argue that such a national formulary service will help to alleviate concerns that Canadian drug costs, which rose to 14·4% (or Can$8·9 billion) of the overall health-care bill by 1990 from 9·8% in 1980, will soon spiral out of control because of Ottawa's recent extension of patent protection for brand-name pharmaceuticals. And in conducting comparative analyses of the various drugs available to treat a single disorder, CAPIA is thought to be able to defray concerns that brand-name drug makers are circumventing price controls by forever introducing costlier drugs that are not more effective than those already in use. Moreover, the task force chairman Dann Michols argues that CAPIA will eliminate duplicative provincial evaluations and standardise the patchwork of guidelines now used to collect and evaluate drug information.

The task force was set up in response to a June, 1992, agreement in principle by the Conference of Deputy Ministers of Health (ie, all the provinces and territories except Quebec) to develop some form of comparative drug assessment mechanism. Its final report was submitted in December but a decision on CAPIA has been postponed to June because Quebec (which only recently returned to intergovernmental meetings, having boycotted such gatherings in a fit of pique during the nation's lengthy constitutional fracas) asked for additional time to study the scheme. But Patricia Lemay, coordinator of the federal health department's national pharmaceutical strategy, says that all provinces and territories (except Quebec) have indicated that they still support the concept of a national formulary service, although several logistical issues have been raised. The task force will meet with representatives of all the provinces next month in preparation for the submission of a revised report to deputy ministers by June. As proposed, CAPIA will be a not-for-profit corporation, cost-shared on an 80–20 basis between the provinces and Ottawa. It will be phased in over five years and have an initial budget of $1·5 million, rising to $4·3 million when fully operational. However, some university researchers say privately that the projected budget is "hopelessly understated," especially if CAPIA is to undertake its proposed 75 drug evaluations per year. Michols concedes that the projections are a "minimum". But he notes that the provinces were not willing to spend more until "there was an accurate analysis of the need and cost savings which might be found in drug budgets".

The 75 evaluations, to be contracted out to universities, will fall into several categories. All new chemical entities will be evaluated under an "initial evaluations" category. In