

from Alexandra Palace on 13 January 1953), Dr Scadding knew Fisher mainly as a consultant paid by the tobacco industry to challenge the (correct) inferences drawn from this study about the carcinogenic potential of tobacco.

Dr Scadding's response to our question accords exactly with the response to the same question that Bradford Hill gave to one of us (IC) and William Silverman in a conversation in 1986 (Silverman and Chalmers 1991). Statistical theory appears to have had little or no role in the adoption of randomisation for the early controlled trials in the UK. Indeed, there is no statistical advantage of randomisation over strict alternation. The key issue is that whichever of the two methods is used to generate the allocation schedule, care must be taken to minimise the risk that the schedule can be identified (and thus ignored) in advance of patient recruitment. It was the use of a technique to ensure successful concealment of the allocation schedule in the streptomycin trial that made the study a landmark, not the process of randomisation per se.

References

Hill AB (1990). Memories of the British streptomycin trial in tuberculosis. *Controlled Clinical Trials* 11:77-79.

Scadding JG (1944). Comparative effects of sulphonamide drugs in mild bacillary dysentery. *Lancet* 1:784 et seq

Silverman WA, Chalmers I (1991). Sir Austin Bradford Hill: an appreciation. *Controlled Clinical Trials* 13:100-105.

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