unclear in principle, and this is reassuring.

In the face of criticisms from Rachels and others who suggest that, judged in terms of consequences, there is no significant distinction between killing and letting die, Walton produces a powerful argument, based on Anselmian semantics, to demonstrate the coherence of the distinction between making happen and letting happen as two different kinds of intentional act. This is welcome reinforcement for the intuitive conviction of many doctors that there is a valid distinction to be drawn here, and their resistance to the argument that would drive further towards the justification of medically initiated euthanasia. It is perhaps less obvious that the detailed arguments based on distinctions in the philosophy of action help to clarify the specifically moral issues in the debate about *voluntary* euthanasia.

This is an impressive book and will probably become a standard philosophical work on the subject. It merits careful study and more detailed criticism than that attempted here. Required reading for philosophers interested in thanatology, it can also be recommended to the doctor with the time to do some serious critical reflection on the philosophical basis of his ethics and action.

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Clinical Trials

by Daniel Schwartz, Robert Flamant and Joseph Lellouch, translated by M J R Healy, Academic Press, 1980, 281 pp. £15.00 or \$34.50.

This book was originally published in 1970, and as the 1980 edition has only 'minor changes' it can inevitably be criticised for not being adequately updated. The authors discuss almost exclusively comparative clinical trials using concurrent controls. There are two pages on 'non-comparative' trials, *ie* without concurrent controls, but there is no adequate discussion of the important topic of retrospective controls, though there is an expression of general disapproval. Where retrospective controls are scientifically acceptable it is not appropriate to describe the trial as 'non-comparative'.

But the main thrust of the book is to tell us that there are two kinds of comparative clinical trial, the *explanatory* and the *pragmatic*. We are told that 'the crucial point is to decide which category a trial falls into, and, if the trial is of the ambiguous variety, which of the two approaches should be preferred'. Unfortunately the distinction between these *in the context of the randomised controlled trial*, does not hold. We are given to understand that the 'explanatory' trial is one where the gaining of scientific knowledge is the principal aim and the 'pragmatic' trial is 'a sort of dress rehearsal for practices which will be eventually adopted'. But this distinction is not maintained since 'evaluating the cure rate is essentially an explanatory activity', though one might have thought it the essence of a 'pragmatic' trial as defined here.

The authors confuse the stages of development of a new treatment (p4), and put into their stage (III), the controlled comparative trial, much of the work that would have been done earlier (stage II), *eg* comparative randomised controlled designs are not used to ascertain whether a drug 'actually possesses the favourable activity in man which laboratory studies have led us to expect'. Constantly the reader finds minor distinctions inflated to major differences of principle, *eg* an 'explanatory' trial is 'concerned essentially with the course of the disease and expressed . . . in strictly defined biological terms' and a 'pragmatic' trial 'may (!) also be concerned with the course of the disease in an overall way. . . .'. These are typical quotations; detailed reading of the book further compounds confusion.

In their summing up the authors seem finally to admit the unreality of their distinction applied to comparative trials, though of course, to research in general, the distinction between 'non-therapeutic' (where the subject can expect no personal benefit) and 'therapeutic' (where the subject may obtain personal benefit) is valuable and familiar.

This brings me to the ethics of clinical trials, a subject which has received so much attention in recent years. At the end of Chapter I the authors state 'we shall put off a full discussion of the ethical problem until near the end of the book'. A chapter is given to the topic. The authors envisage a doctor who is

'confident' that a new treatment is better than the standard one engaging in a trial. 'If the trial confirms the settled opinion of the doctors who are in favour of the new treatment, the burden of experimentation may seem heavy to them and *they may feel that they have been asked to sacrifice some of their patients to the demands of scientific rigour*' (reviewer's italics).

The widely and correctly held view that a doctor who is *confident* that a treatment is best cannot ethically join in a trial that may *sacrifice* his patients is not considered, nor what such a doctor would say to his patients, nor how their consent to receive a treatment confidently judged to be inferior would be obtained, that is, if it could be obtained! The whole crucial issue of consent is ignored.

To sum up, this is a book on which those with knowledge and experience of clinical trials may wish to sharpen their wits, but it cannot be recommended to anyone seeking a straightforward account of the subject. The ethical discussion is inadequate.

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Conquering Cancer

by Lucien Israel. Translated from the French by Joan Pinkham. Penguin Books, 1980, 269 pp. £2.25.

It is no cause for surprise that Dr Israel fails to make good the claim when he promises in the preface of this book to 'present all the information on cancer that is readily available, but that . . . had not yet been gathered between covers'. It, after all, could scarcely be compressed into a 269 page paperback. Indeed the amount of factual information *Conquering Cancer* contains is scanty and limited to general statements about the nature and natural history of cancer.

The greater part of the book concerns itself with treatment. Many medical oncologists will find themselves in sympathy with Dr Israel's approach. He points out that 80 per cent of those dying of cancer die from the effects of metastases and only 20 per cent as a direct result of the primary tumour. He believes that dissemination always occurs early in the course of any cancer, but that the body's immunological

system destroys many of the disseminated cells. He maintains that there is always good reason for some form of systemic treatment even after the most apparently complete operation. His attitude to disseminated disease is aggressive even when it is far advanced. He holds that treatment should never be withheld and that the discomforts of chemotherapy are tolerated more readily than those of advancing cancer and the apathy of therapeutic inactivity.

He employs every available weapon often combining immunotherapy with chemotherapy and the two together with radiotherapy. His belief in immunotherapy would not be echoed everywhere. It is possibly because this book was first published in 1976 that his enthusiasm appears untempered by the experiences of the past five years.

The author's style is frankly egotistical and he has not been well served by his translator. The first person singular peppers every page. Few authorities are quoted by name without being described as 'my friend'. The text is liberally adorned with anecdotes of the author's therapeutic triumphs after others had given up hope. There is a sense of paranoia about some of the writing and members of the profession unwilling to accept his views are treated to powerful strictures.

In general it may be said that this book is not an objective review of the current position of cancer written for the laity, so much as an emotional plea for Dr Israel's personal approach to treatment.

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Practical Guide for Medical Officers for Environmental Health

by Andrew B Semple and J K Johnston. Nuffield Provincial Hospitals Trust 1980. 75 pp. £2.50.

In 1974 the Medical Officer of Health became extinct. Public health doctors working for the local authority came together with medical administrators working in the Hospital Boards, and with doctors working in central government departments, to form the new medical specialty of community medicine. From being one of the mainstreams of public health, environmental health became a backwater, as prominence was given to

epidemiology and health service management. Many of us who act as medical officers of environmental health, the new title, feel that this movement went too far, and that insufficient attention was being paid to environmental health matters.

In the short term this was relatively unimportant, because those who became medical officers for environmental health had been medical officers of health for many years and they were therefore able to carry on the work and maintain the standards. However, their worry was very much for the future because it was evident that the trainees in community medicine, who were the community physicians of the future, were not being properly prepared for their environmental health responsibilities.

This book provides not only a very useful check-list for trainees but a reference book for the community physician who is appointed as a medical officer for environmental health. It covers his function as a 'proper officer', namely his duties with respect to outbreaks of food poisoning and infectious diseases. The second part covers the contribution which a medical adviser can make to the manner in which the local authority should handle atmospheric and other types of pollution, and finally it covers the miscellaneous functions a medical officer of environmental health has to fulfil.

It is in this last section that his ethical problems are found. There is little ethical difficulty in intervening in infectious disease outbreaks or in problems of environmental pollution, for there one is justified by the knowledge that the actions taken against any individual are designed to protect third parties from harm. However, the medical officer of environmental health may be faced with particularly difficult decisions in the miscellaneous functions which he has inherited from the past. For example, for the powers invested in the local authority by Section 47 of the National Assistance Act of 1948. These allow for the compulsory removal of people who are not mentally ill, but who are deemed to be in need of 'proper care and attention' for their own good. Because this type of removal can have an adverse effect on a person, it is obviously an extremely difficult decision to make for an individual's own good, because a doctor has to override a person's opinion although

admitting that he is capable of making valid decisions. [See page 146 of this issue—Ed.]

Secondly, the medical officer of environmental health is responsible for giving advice on housing applications, and has to compare the needs of hundreds, sometimes thousands, of families on inadequate data. He may find himself in the position of being only able to take a certain number of cases to Housing Committees for approval, and having to decide among two or three families which is the most 'deserving'. Finally, the medical officer of environmental health may have to act as the adviser on occupational health matters to the local authority, and again this often poses very difficult problems which are similar to the problems tackled by occupational health doctors in other fields.

I hope that this book will become not only a textbook but a curriculum to prepare the trainee properly in his functions as a medical officer of environmental health.

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Whole Person Medicine: an International Symposium

Edited by David E Allen, Lewis Bird, Robert Herrmann. Interscience Press 1980. 261 pp. No price.

The editors have brought together the papers read in February 1977 at a symposium held at the Oral Roberts University School of Medicine in Tulsa, Oklahoma. The speakers, all except me from USA and all committed Christians, ranged from a Yale medical student to distinguished academics in philosophy, psychiatry, physiology, surgery, gynaecology and a Harvard professor of ethics.

The twelve papers attempt to define 'holistic' care, set it in historical and biblical perspective, look at the conflicts and ills in our society and particularly within the medical profession, and bravely and humbly look at the observed failings of modern care patterns. The issues are important, basic and, in the opinion of the reviewer, unavoidable.

Herein lies a problem. The reviewer, like the authors, sees the problem and its solution as self-evident, an urgent need to depart from specialised disease orientated