

## Book reviews

### Cancer: Myths and Realities of Cause and Cure

M L Kothari and L A Mehta  
Marion Boyars, London & Boston,  
1979, pp 159, £2.50, paperback

This book is one in a series dealing with alternatives to industrial society. Called 'Ideas in Progress', the series includes books on a wide range of contemporary issues, particularly those relating to capitalism and conservation. In the present volume, current attitudes towards and ideas about the third big 'C' are brought under scrutiny. It is claimed that the book is iconoclastic, exploding the myths and exposing realities about cancer. To a certain extent this is so, but the tone of the book left this reviewer with the strong impression that, rather than being true cleansers of the temple, the authors have merely knocked down one set of images and replaced them by another.

The book contains many useful data. Of particular interest is the fact that the overall death rate from cancer is remarkably constant throughout the world. It is pointed out that although there is, for example, a high incidence of oropharyngeal carcinoma in India this is compensated by low rates for other cancers. The inference drawn from this and parallel data is that cancer is a herd phenomenon. It is a fact of life, and needs to be accepted as such in the same way as ageing. Because it is inevitable for a proportion of the population to develop cancer, there is no need for guilt in the heavy smoker who develops lung cancer or the happy lover who contracts cancer of uterine cervix. And before you can say 'Kothari and Mehta', epidemiological studies are dashed into pieces and the study of carcinogens trampled under foot. As cancer cannot be caused, it cannot be prevented (but could its onset be delayed?); therefore adopt a *que sera sera* attitude.

It is perhaps not without significance that this book with its relatively fatalistic approach to life,

disease and death, comes from the home of Hinduism. Yet it is reasonable that the overoptimistic 'with a bit more effort/time/money' western oncologist should occasionally be given a full frontal exposure to what in places amounts to therapeutic nihilism. Is the one billion dollars spent annually on cancer research in the USA money well spent? It is not only the authors who express doubts about this. It is right that over enthusiastic surgeons should be restrained from extensive mutilating operations of limited benefit to the patient and clinical oncologists should be asked to think twice before recommending chemotherapy with equally devastating effects on the patient's *joie de vivre*. But to bolster one's plea with a quotation by a doctor who, in 32 years experience, has never seen a patient completely cured of cancer is overstating the case.

There is, however, much wisdom between overstatements, but I have the strong impression that the non-professional reader will end up with as frightening an image of cancer as he began with - the same devil but with a different selection of horns. To claim, on the basis of a herd phenomenon that cancer can be understood is naive, and to discourage treatment is to oversimplify. Moreover, to think that a mere recitation of the facts (as seen by the narrator) will cure people of their dread of cancer is to deny one aspect of our humanity. We all have an innate fear of death and, since time immemorial, man has focused his fears and anxieties on one disease or group of diseases. In the past, leprosy was prominent in this respect; now it is cancer. If cancer becomes 'acceptable', it will not remove man's fear of death; the mantle will, quite simply, be fitted round the shoulders of yet another disorder.

ROBERT TWYXCROSS

### Terminal Care

Derek Doyle (Ed).  
Churchill Livingstone. 70 pages  
unpriced. 1979

### Dilemmas of Dying

Ian E Thompson (Ed)  
Edinburgh University Press 227  
pages, £4.00, 1979

These two books are complementary, although there is some overlap.

The Conference Report edited by Dr Doyle is shorter and more specifically informative about the issues and problems of managing terminally ill patients. It is a helpfully edited summary of the papers given at a remarkably well attended multi-disciplinary Conference held in Edinburgh. Ian Thompson has had a harder job in editing the opinions and discussions of a group working in this field, who met over a two year period. As the study group's chairman, David Edge, puts it, the group had to face the conflicts inherent in caring for dying people, as well as agreeing on the many areas of consensus. The group's main plea is for more education about these issues. This plea is aimed mainly at those who decide on, and provide the input for, the medical students' curriculum. The discussions were sponsored by the multidisciplinary Edinburgh Medical Group, so they also, quite properly, point out that these subjects are not the prerogative of doctors and should be in the undergraduate and ongoing educational curricula of all caring professions.

The *Terminal Care* Conference was chaired by the Director of the London Institute of Cancer Research and the chapters are by a professor of geriatric medicine, two doctors in charge of hospices, a senior social worker with considerable experience in terminal care, a psychiatrist with a special interest in grief and bereavement, the director of a nursing research unit, a theologian and a GP. The editor has also included a small, but important, amount of the discussion.

Most, if not all, of the practical problems and ethical dilemmas encountered in the management of patients dying from cancer are also seen in those with chronic and severe non-malignant illnesses. This is