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 refection 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