

LUCIEN ISRAEL'S book *Conquering Cancer* (Allen Lane, £6.50), caused a minor sensation in France. But that was three years ago, and it was, of course, France. The translated version has not lost its bite, nor can it be easily dismissed as parochial. If the press in Britain treat it as they did in France, they will ignore its accurate scientific content and delight in the personalia. For Israel highlights internecine strife caused by the "modernisation of cancer treatment." He castigates the cancer establishment in the shape of surgeons and radio-therapists for their refusal to recognise that cancer is a systemic disease. He criticises them for a blinkered view, focused on local disease, and an inflexible attitude towards modern "chemo-therapies." The accusation, which hit the headlines in the French glossies, was that a patient with cancer was taking part in a lottery when he sought advice or treatment. In other words, the chance of cure depended on a random pattern of referral. On the topic of randomness, statisticians don't escape the notice of Professor Israel either. They and the growing band of medical oncologists are taken to task for idolising the controlled clinical trial, which, though it has a place, suffocates flair and innovation.

This book may not cause questions to be asked in the House, but it will certainly give doctors some uncomfortable moments. Patients with cancer will read the book because of its optimistic title but also because they read all forms of journalism on the subject and avidly watch television's contributions, which are none too professional. Israel predicts that patients will have more say in the choice of potential treatments—for instance, women increasingly question the need for mutilating mastectomy and then, particularly in the United States, demand adjuvant chemotherapy. Israel's solution is to combine strategies for the benefit of the patient by dissolution of the mutual mistrust of individual cancer specialists. Each may then learn more of the other's art and then apply that knowledge instead of denying it—as is the rule at the present time. Vive la différence—non!—GMCV.

HACKNEYED HOMILIES abound in *Smoke less Smokers* by Anthea Bickerton (Alson Books, 50p), a slim booklet dedicated to "those who were given a free issue of cigarettes by HM Government in the last war." It contains 36 short paragraphs of advice on how to stop smoking—all are guaranteed to have worked for at least one person. No doubt this will warm the hearts of ASH and those who subscribe to King James's view that "smoking [sic] is a custome loathsome to the eye, hatefull to the nose, harmfull to the braine, dangerous to the lungs, and in the black stinking fume thereof, nearest resembling the horrible stygian smoke of the pit which is bottomlesse," which indeed it may well be. Most antismokers seem to take a narrow line of attack in their campaigns—they concentrate on curing existing smokers rather than on preventing people starting to smoke. This book is no exception, and is nothing but a gallimaufry of, in some cases, barely credible remedies. Its only advantage is its price, but anybody seeking for a way to stop smoking, including me, will have to look further.—ATSL.

SOME BOOKS are like babies: they make you want to pick them up and cuddle them. *A New Life: Pregnancy, birth, and your child's first year* (Marshall Cavendish, £10) is an irresistible product, with 240 magazine-sized pages sumptuously illustrated by colour photographs and diagrams. The editor, Dr David Harvey, tells us in his foreword: "I believe that the more information we can pass on, the better: I do not hold the view that there should be secrecy in medicine."

His 16 co-authors are obstetricians, paediatricians, midwives, and other specialists, and they do indeed pass on much information. Fetoscopy, thermography, meiosis, Hegar's sign, x-ray pelvimetry, the grasp reflex, the neonatal growth charts are included among the illustrations. The 17 chapters range from

fertilisation, through normal and complicated pregnancy and labour, to feeding and development in the first year. There are alphabetical lists of diseases with sensible explanations. There are also first-hand accounts of pregnancy and delivery written by journalists, film-makers, teachers, and social workers.

Dr Harvey points out that doctors do not always agree with one another—for example, some might disagree with the statement that, in breech presentation, "if labour does not begin at term, then it is usually induced." Writing about routine neonatal examination, Dr Butterfill says, "You should try to see the examination as this is also a good opportunity to ask advice and raise questions." Some paediatric housemen must have more time than I used to have. There is a section on home delivery, which comes across as a reasonable alternative for a "low risk" patient: the section includes an illustration of Leboyer's dangerous practice of immersing the baby in water.

Dr Harvey is right in saying that obstetricians and paediatricians have no vested interest in mysticism. Although I am not convinced that colour close-ups of delivery reassure anyone, this authoritative guide should benefit many patients. The book is beautiful—a triumph of clarity, layout, and printing, and cheap at £10. It will tell even the most conscientious middle-class patient more than she really wants to know about reproduction. Reading it made me feel just a little uncomfortable that we in Britain can afford to spend so much money and talent preaching so elegantly to the converted, while abroad babies starve to death.—JOD.

Contributors from 13 October to 5 January were Dr D P Addy, Dr D G Beevers, Dr P Bloomfield, Dr J Breakwell, Dr J R Brown, Dr J O Drife, Professor M G Elder, Mr P England, Mr J Exelby, Dr R Gardner, Miss Daphne Glog, Dr T J Hamblin, Professor P J Hare, Dr B H Laurance, Mr A Lock, Dr S Lock, Dr B McConkey, Dr G Macpherson, Dr G McVie, Dr A Norton, Dr A Paton, Dr J Price, Professor M Rawlins, Professor P Rhodes, Dr H Rollin, Mr K Sabbagh, Dr A Smith, Dr R Smith, Dr T Smith, Dr D Thrush, Dr R D Turner, Dr B Valman, Miss Nadia Valman, Mr J Walford, Mrs Heather Windle, Mr A Young.

Correction

Helping Hand

We regret an error that occurred in our comment on the Tyne Tees Television programme *Helping Hand* (15 December, p 1579). It was stated that the programme did not mention the difficulties the disabled have with lavatories, but, in fact, the programme did. The error resulted from difficulty in transcribing over the telephone.

Barbiturates and condiments, such as pepper, have been alleged to be carcinogenic. Is this true?

Phenobarbitone and other barbiturates stimulate microsomal-enzyme activity in the liver and cause liver enlargement. In mice doses that are high (0.05% to 0.5% in diet) by comparison with those used in normal clinical practice increase the risk of development of both benign and malignant liver tumours, to which the mouse as a species is especially prone.¹ It is doubtful whether this observation in mice is indicative of any direct risk of cancer of the liver for humans. On the other hand, the stimulation of microsomal-enzyme activity alters the metabolism of ingested chemicals and other drugs and, conceivably, in some instances the alteration will favour the metabolic conversion of a non-carcinogen to a carcinogen. Black pepper applied to the skin increases the risk of lung, liver, and skin tumours in mice.² Few animals were studied, however, and fighting and respiratory disease were rife among them. Furthermore, the study was not controlled in respect of caloric intake, which can greatly influence tumour incidence.³ It is therefore too early to attempt to judge whether black pepper is likely to constitute a cancer hazard for man.

¹ Thorpe, E, and Walker, A I T, *Food and Cosmetics Toxicology*, 1973, **11**, 433.

² Concon, J M, Newburg, D S, and Swerczek, T W, *Nutrition and Cancer*, 1979, **1**, 22.

³ Tucker, M J, *International Journal of Cancer*, 1979, **23**, 803.