Books received


Book reviews

Methods and Impact of Controlled Therapeutic Trials in Cancer


All of us who look after patients with cancer are faced with a bewildering variety of clinical trials, all seeking to answer important questions about cancer management; yet sadly, less than 10% of patients with cancer are included in such trials so a tremendous amount of information is irretrievably lost. The UIACC has for many years been actively involved in clinical trials of this kind, and these two volumes contain an enormous wealth of information packed into a remarkably small space.

In the first part of the monograph (volume 36) the fundamental questions of trial size, ethics, methodology, and adjustment for prognostic factors are tackled in some detail by authoritative authors, though one would have preferred the apologia for the non-randomized study, presented by E. A. Gehan from the MD Anderson Hospital, Houston, to be counter-balanced by a more orthodox view, since most statisticians remain unconvinced that sequential non-randomized studies can provide definitive answers to difficult points in cancer therapy. A more critical paper in this volume looks at the frequency with which authors of clinical trials in cancer demonstrate any interest in measuring the quality of life, and comes to the sad conclusion that most of these studies are sadly lacking (the survey included over 250 clinical trials).

The second part of the monograph (Volume 59) is in many ways even more valuable, since it provides up-to-date and critical reviews of clinical trials in a number of important areas, including lung, breast and colo-rectal cancer, as well as malignant melanoma and osteosarcoma. All of these reports are by acknowledged experts, and the survey of lung cancer trials by Kenis (Villejuif) is remarkably complete without becoming unrealistically over-enthusiastic. British readers may, however, be less inclined to agree with the author of the review on breast cancer (C. M. Lalanne from the Nice Cancer Centre in France) who goes so far as to recommend adjuvant chemotherapy for all pre-menopausal patients with the suggestion that controlled trials of adjuvant chemotherapy can no longer be carried out in this area, for ethical reasons—a view difficult to substantiate on the slim evidence currently available.

Obstetrics and Gynaecology I: Preterm Labor


Under the joint editorship of Professors Elder and Hendricks, a number of distinguished contributors from North America and Europe have joined to produce this excellent volume, the first of a series on topics in obstetrics and gynaecology. The subject is covered exhaustively, chapters ranging from the epidemiology of preterm labour, its endocrine features, preterm rupture of the membranes, the case for non-intervention in preterm labour, the case for and against the use of drugs in attempting to prevent progression of preterm labour and of corticosteroids for hastening pulmonary maturation in the fetus to the treatment, neurological assessment and outcome for the preterm infant.

When it is appreciated that, if major congenital abnormalities are excluded, some 85% of early neonatal deaths are associated with preterm delivery, the magnitude of the problem is evident. If to this is added the increasing survival of very low birth weight infants with their attendant problems, it is hardly surprising that the speciality of neonatal paediatrics has arisen and has become the province of the specialist in this field distinct from the general paediatrician.

The book will be of the greatest interest to all concerned in obstetrics and neonatal paediatrics, some sections being of interest to one group and others to the other group; it would be invidious therefore to single out particular chapters. However the section on non-intervention in preterm labour by Professor Hendricks is a model of reason and clarity and must be obligatory reading for all obstetricians who would do well to have his concluding remarks reproduced and framed for display in all labour wards. Similarly the case for and against the use of corticosteroids will repay careful reading, particularly in view of recent doubts as to the efficacy of these preparations in the pre-32 weeks labour and the fact that