Breast cancer: the decision to screen. Edited by Sir Patrick Forrest. Nuffield Provincial Hospitals Trust, London, 1991. 233pp. £15.00.

There are few more political areas in medicine than that of mass screening, and particularly screening for breast cancer. Nor are the reasons for its politicisation immediately easy to grasp. There is, of course, the fact that it is such a major killer, of upwards of 15,000 women a year in Britain, whilst some 150,000 women are alive with it. There is also the fact that that group of patients tends to be articulate, and that it is a field of medicine which has attracted the interest of journalists. Sexual politics are involved, from the extreme view that if this were a disease which affected men they would have found a cure for it by now, to the much more credible and moderate view that there are problems in dealing with the psychological and emotional consequences of the disease if the patients are all female and the practitioners, largely surgeons, almost all male. And there is the worrying fact that the UK has the highest incidence of breast cancer in the world, taken alongside the conviction that governments have a role in health promotion. Hence screening is attractive to governments, since it makes them appear to be doing something that might reduce the mortality rate.

But this is not the meat of Sir Patrick’s closely argued book. His is a scientific argument, though he was responsible for convincing the government that screening was worthwhile. He argues that the reduction in mortality from breast cancer is without doubt sufficiently great to justify screening on a nationwide basis. He does, however, have some provisos, though he puts them in such a way that they do not appear to be directly critical of the government’s decision. For instance, he is clearly concerned that one-view mammography may not turn out to be as effective in revealing malignant lesions as two-view, or even three-view, and he is a keen advocate of a trial comparing one-with two-view mammography. Nevertheless, the government opted for one-view, possibly because it is cheaper, though in fact the two-view method might ultimately pay for itself in reduced recall and costs of treatment. He also questions the accepted view that breast self-examination is not to be encouraged on a national basis. He regards it as being of proven benefit, but no substitute for mammography, which is intended to pick up lesions before they become palpable. Indeed, his attitude to the emotions of women who go through the worry about waiting for the results of biopsy or screening is one that is wholly admirable. He has considerable sympathy, but believes that women have the right to be worried where there might be something to worry about—an entirely rational view.

The argument that it is unethical to conduct screening because it might cause undue distress and ultimately psychiatric morbidity for no proven benefit is one he examines and then rejects, on the basis that women who go to doctors concerned at having found a lump in the breast also worry considerably, but that there is no evidence of undue morbidity related to screening. Significant and lasting psychiatric morbidity is related to those women with a diagnosis of breast cancer.

The question then needs to be asked whether it would be kinder to leave the cancer undiagnosed, since at present so little can be done. Sir Patrick is convinced that enough can be done to make it worth the effort, but he is rightly critical of treatment services offered to women with breast cancer on a nationwide basis. That was not the subject of this book, though in some ways that area deserved further discussion. So too did the article (Br Med J 1989;299:1153–5) written by Sir Patrick’s colleague, Dr Maureen Roberts, clinical director of the Edinburgh Breast Screening Project, just before she died: ‘Breast screening: time for a rethink?’ She questioned the figures from trials which suggest that there is a reduction in mortality as a result of screening, argued that mammography is an unsuitable screening test because it is difficult to perform and interpret, and suggested that what is needed is breast screening to be put in perspective. That perspective is threefold. First, she suggests using the screening programme as the basis for a far bigger programme to help women deal with health problems in an open way. Second, she believes that the treatment of breast cancer is still variable, and that that fact requires serious attention so that surgeons do not carry out mastectomies on the basis that they are of proven benefit, and so that women know the truth that there is no clear ‘best’ treatment. Third, she believes political questions need to be asked as to why millions of pounds are being poured into breast cancer screening, with small benefits, when the government refuses to take on the tobacco industry and save far more lives by a concerted attack on smoking, a proven killer. Her questions remain unanswered, and she is now dead. But Sir Patrick only begins to examine her accusations, and another book, examining the science alongside the politics, the treatment alongside the screening, would be very worthwhile.

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A guide to infectious diseases. By M. G. Brook and M. F. McGhee. Radcliffe Medical Press, Oxford, 1991. 236pp. £12.50.

This book is described as a ‘concise aide mémoire suitable as a rapid reference for more common and important (infectious) illnesses’. (Feeling slightly guilty at reviewing a book which was specifically not designed for oneself, I canvassed the opinions of oth-