the miracle treatment that the physician has failed to recommend. When the physician gives an opinion of the treatment or, worse, expresses ignorance about the particular modality, the patient's trust in the physician can be seriously eroded. The patient goes away with the idea that either institutional medicine is so closed-minded as to no longer be credible or the best treatment is being witheld from them.

These articles squarely address the issue. A booklet for patients including these articles and summarizing other unconventional therapies would be useful.

James Lunney, MD
Albuquerque, NM

Although I have no reason to dispute the reported laboratory and clinical evidence presented in the article "Unconventional therapies for cancer: 2. Green tea" (*CMAJ* 1998; 158[8]:1033-5), I have a concern about terminology. Perhaps my dictionary is wrong, but to me (and, I suspect, millions of souls living south of the Rio Grande) green tea is *Ilex paraguayensis*, and this is what is sold as "green tea" in the local health food store.

Is there any similarity between *I. paraguayensis* and *Camellia sinensis*?

Colin A. Anderson, MD
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We agree with the article "Unconventional therapies for cancer: 3. Iscador" (*CMAJ* 1998;158 [9]:1157-9) that the evidence for a clinical benefit of Iscador is inconclusive. However, we would like to correct the description of its constituents. Viscotoxins are not lectins and have considerably lower molecular weight than mistletoe lectins.[1] Viscotoxins can directly damage the cell membrane[2] and have cytostatic effects. Furthermore, recent research on mistletoe lectins[3] has indicated promise for further clinical studies and has enabled standardized application of mistletoe extracts.

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Bravo to Dr. Noel B. Hershfield for his letter "Herbal medicine: Show me the proof!" (*CMAJ* 1998; 158[13]:1689-90). It seems too few doctors are willing to ask the hard questions about alternative medicine.

Rather than take at face value the claims of nonscientific therapists such as naturopaths, it would be of more value to our profession and ultimately the public to subject these claims to rigorous testing before promoting them as bona fide treatments.

One gets the impression that medical journals are bending over backward to accommodate articles on unconventional treatments. For example, the article "A patient's guide to choosing unconventional therapies" (*CMAJ* 1998;158[9]:1161-5) fails to make the point that the vast majority of unconventional treatments have no scientific basis and at best offer false hope.

Despite this, the article suggests that patients seek information on these therapies from unconventional health care providers. How is the lay person to discriminate between the validity of what they hear from a properly trained physician and what they might be told by an unconventional health care provider? Advising patients to "not hesitate to ask individuals about their training, licences and experience" is of no help in a society where legislative recognition of a health care "profession" has no relation to its scientific validity.

We face a real danger of a decline in medical standards of safety and efficacy if our profession's complacency continues. Science cannot cure all the world's problems, but it remains our best means of ensuring rational, effective and compassionate care for those who need it.

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[The author and a representative of the Canadian Breast Cancer Research Initiative respond:]

The organizations that supported the preparation and publication of the series on unconventional therapies (the Canadian Breast Cancer Research Initiative, the Canadian Cancer Society and *CMAJ*) recognize that this material is only a preliminary step in the acquisition of new knowledge about these increasingly popular products. There is clearly a need for more reliable, scientifically validated information about their safety and effectiveness. Nonetheless, we have been surprised and gratified by the level of interest expressed by both physicians and patients in the articles and the accompanying patient's guide.

We thank Dr. Lunney for his enthusiastic support. The Ontario Division of the Canadian Cancer Society is monitoring the availability of other information products and will consider preparing additional materials to address unmet public needs.

Dr. Anderson expresses concern that green tea derived from *Camellia sinensis* might be confused with a green-coloured tea made from *Ilex paraguayensis*. The latter, commonly known as maté, is used predominantly in South America. We checked several common texts and consulted the staff of several health food stores in Toronto and London to determine