

Arthur K Shapiro and Elaine Shapiro, *The powerful placebo: from ancient priest to modern physician*, Baltimore, Johns Hopkins University Press, 1997, pp. xi, 280, £33.00 (0-8018-5569-1).

Anne Harrington (ed.), *The placebo effect: an interdisciplinary exploration*, Cambridge, Mass., and London, Harvard University Press, 1997, pp. x, 260, £26.50 (0-674-66984-3).

Many historians have used the placebo effect, alongside remission and self-limiting ailments, as a catch-all explanation for apparent cures in the past, whether at the hands of doctors or saints, but they have rarely exhibited much awareness of its ubiquity and potential scale or considered what behaviour and beliefs promote it. Since the business of historians lies mainly with beliefs and the changing social circumstances of healing practices, rather than with the mechanical efficacy of medical techniques, the placebo effect needs to be taken rather more seriously, as the major determinant of successful healing throughout history. A careful reading of these two books should help to ground historians' assertions more securely and provide new avenues for research.

The late Arthur Shapiro, a clinical psychologist, spent his career examining the effects associated with placebos, a little understood phenomenon when he began. *The powerful placebo*, completed by his widow, summarizes his own research and that of his colleagues, and attempts to provide the historical context. *The placebo effect*, edited by the historian Anne Harrington, brings together some of the leading authorities to describe the state of the field, as it appears from their several disciplinary perspectives, and to outline future directions for research.

Although there has always been an undercurrent of interest in the effects of the imagination on health and illness, this has run contrary to the dominant traditions of modern Western medicine, which has increasingly concentrated on the application of specific cures for specific ailments. The placebo effect

has therefore been marginalized, as something to be eliminated in drug trials or as an accusation made against other medical groups. Shapiro provides useful narrative accounts of the technical and ethical issues in the development of double-blind trials. He also provides a valuable analysis of the impossibility of designing double-blind trials for either surgical procedures or psychotherapeutic methods. This has enabled surgeons and psychotherapists to imagine that their fields are unaffected by the placebo effect, whereas it has long seemed that these are the areas in which its force is greatest.

Readers who have yet to be convinced of the importance of the placebo effect should certainly read Shapiro's book, where the evidence is marshalled exhaustively, but without modish hyperbole. Since the phenomenon includes both positive and negative reactions to health care, it is clear that the potential range of variation between non-specific benefits and non-specific harm is vast. Shapiro has little to say about the negative side of the placebo effect, sometimes referred to as the "nocebo effect" or "voodoo death", but this controversial topic is carefully considered in an essay by Robert A Hahn.

Shapiro is weak on causal mechanisms, whether psychosocial or neurological. He exhibits little interest in Pavlovian conditioning and is hostile to the burgeoning field of psychoneuroimmunology, although he has no difficulty in accepting that the endocrine system, for example, is affected by psychological states. The essays in *The placebo effect* address this problem in several ways. As Robert Ader insists, conditioning must form part of any explanation and the conditioned response has great potential utility in the clinical situation, for combating dependence and toxicity in long-term drug regimes. However, the response to placebos is not uniform, so the neurobiology of placebo analgesia, examined by Howard L Fields and Donald D Price, cannot be generalized to placebo tranquilizers, for example.

Although he is very present-minded, dismissing all drug therapies before the

Book Reviews

seventeenth-century introduction of Jesuit's bark as "mere" placebos, Shapiro does attempt to provide some historical context for modern concerns. He considers therapy from ancient times to the present and he recounts the history of blind trials in detail. Interestingly, he is not entirely dismissive of religious cures, precisely because he is aware of the potential strength of the placebo effect. By contrast, the essayists have a view that extends no further into the past than a few classic research papers and that does not cross cultures, except in the case of David B Morris's proposal of a biocultural model of pain and belief. Despite its limitations, this may be the essay that is most thought-provoking for practitioners of the social studies of medicine.

A terminological problem that will need to be resolved is the confusion between "placebos", inert substances sometimes prescribed for a variety of reasons, and "the placebo effect", which is present to some extent in all healing practices everywhere. Several authors, including Shapiro, express a hope that placebos will disappear from medical practice or describe some drugs as "non-placebos", although it is clear that non-specific healing is an indispensable part of therapeutic efficacy. Unfortunately, simply referring to a lack of specificity appears not to cover the case either, since the effects of placebo drugs are often very specific indeed, as Irving Kirsch points out.

As far as historians are concerned, it is the placebo effect in general that is more significant. Howard Brody insists, quoting a classic paper of 1938, that it is necessary to examine "the doctor as therapeutic agent". Although neither of these books devotes much space to the issue, this places a new emphasis on the centrality of the rhetorical engagement between healer and patient. Trust, meaning, desire, and expectation are clearly crucial elements in successful healing. Cultural differences, changing explanations, and the symbolic reconfigurations involved in ritual healing can all have material effects. As a handful of medical anthropologists have long argued, modern medicine has more in common

with healing in other cultures than is generally acknowledged, so that a serious consideration of the placebo effect obliges historians, sociologists and anthropologists of medicine to rethink many of their accustomed positions.

David Harley, Oxford

Peregrine Horden, Richard Smith (eds), *The locus of care: families, communities, institutions and the provision of welfare since antiquity*, Studies in the Social History of Medicine, London, Routledge, 1997, pp. x, 287, £50.00 (0-415-11216-8).

I liked this book. It attempts to expose the variety of settings in which care has been provided, inside and outside the family, and to challenge orthodoxies on the relative merits of various forms of care. If it fails—and given the scope claimed in its subtitle, who could really expect it to succeed—sufficient common themes run through the essays that it at least fails interestingly.

The subtitle of the work is, fortunately, over-optimistic. There is nothing concerning care prior to the mid-sixteenth century apart from a few remarks in the introductory essay by Peregrine Horden. The result allows a clearer focus on the modern period, to the benefit of the work overall.

A number of papers provide engaging insights into the interrelations between structures of care. In several of these, an emphasis is laid on the symbiosis between these structures. Amanda Berry looks at the sponsorship of charitable hospitals by Poor Law authorities in eighteenth-century England. Marjorie McIntosh examines family care in Elizabethan Suffolk, arguing that the formalization of state relief structures encouraged private care in the home by the families of the poor. Martin Dinges addresses similar questions regarding sixteenth- and seventeenth-century Bordeaux, but from a more Durkheimian perspective. Mathew Thomson contributes a perceptive account of inter-war roots of care of mental defectives in