

Book Reviews

to edit another fine volume of *Science and homosexuality*.

Ivan Crozier,

School of Science and Technology Studies,
University of New South Wales

Benedict F Massell, *Rheumatic fever and streptococcal infection: unravelling the mysteries of a dread disease*, Boston, Francis A Countway Library of Medicine, 1997, distributed by Harvard University Press, pp. xi, 394, \$25.00 (0-674-76877-9).

Ten years after Benedict Massell entered medicine in 1931, rheumatic fever was the leading cause of death for policyholders, from the ages of five to thirteen, at the Metropolitan Life Insurance Company. He recalls that Arnold Bennett, in *The old wives' tale*, describes it as "this dread disease". This is just one of the notes and references which occupy one quarter of the text of this remarkable review of the literature on rheumatic fever and its responsible streptococcus. The classic descriptions of the nineteenth century led up to the Harveian lectures given by Walter Cheadle in 1888, which Massell believes to be as complete and accurate a clinical description as anything published since then. He traces the history of investigations into the disease and its mechanisms, its streptococcus and its prevention, and brings a mastery of the literature and a love of his subject to this important book. He reminds us that new ideas about old diseases may be difficult for the profession to take on board. It may be no surprise that the American Rheumatism Association, in its rheumatism reviews, did not accept the role of the streptococcus until 1962, despite the clear evidence presented independently by Coburn and Collis in 1931–32.

Chapters are devoted to cause, pathogenesis, treatment and prevention, and reflect the march of medical science from disciplined observation at the bedside, through to the molecular understanding of the mechanisms responsible for damage to the heart. As a

master of his subject, whose mind is inquisitive and alert, Massell challenges the reader to think about the unknown problems of the disease, just as lucidly as he presents the evidence which has led to the solving of some of the former problems.

Massell was in charge of the House of the Good Samaritan in Boston and that is where his work was based, but it was closed in the 1970s because the disease had ceased to be a problem: tragically, a very large collection of sera was destroyed. The decline of the disease, which began before penicillin was available, depended on the poor being better housed and less crowded at home, so that easy transmission of the responsible types of streptococcus became rare. But the decline in the richer countries has not been matched in the poorest. The book would convince the most dismissive sceptic about inequalities in health that rheumatic heart disease is socially determined: it accurately reflects poverty and poor housing. It is a pity, therefore, that, while the author mentions the burden of rheumatic heart disease and of streptococcal infection in developing countries, he nowhere addresses this appalling burden. It is bewildering for the thoughtful physician to consider only one of its demands—how can secondary prophylaxis, which is very well discussed in the text, be made available where health care is rudimentary? This contemporary challenge is just as daunting as the problems which confronted the Armed Forces medical services when there were epidemics of the responsible streptococci among vast camps of recruits during the Second World War.

Massell has not written this absorbingly clear review as a spectator or as a mere retriever from *Medline*, but from his own daily contact with the disease and its perplexities since he set out in 1931. It is to be hoped that the decline and fall of such a dread disease in the rich world will, before long, be matched by a similar decline in the poorest countries of the world. That is an even bigger task which offers even greater rewards than the challenges, already met and overcome, by the many investigators to whom the author has so

generously paid tribute in this splendid book.

Eldryd Parry, The Tropical Health and Education Trust, London

Lars Ole Andersen, Mogens H Claësson, Asbjørn Hróbjartsson and Anja Norbæk Sørensen, *Placebo. Historie, biologi og effekt*, Akademisk Forlag, 1997, pp. 178, illus. (87-500-3413-8).

Since 1950 or so, placebos and their effect have generated a considerable interest in certain medical communities, in particular among psychiatrists and the designers of clinical trials, yet the only significant external study of this phenomenon to appear has been Howard Brody's doctoral investigation, *Placebos and the philosophy of medicine*, published in 1980. In 1997, however, three book-length studies were produced: a collection of essays edited by Anne Harrington (*The placebo effect: an interdisciplinary exploration*, Harvard University Press); Arthur and Elaine Shapiro's *The powerful placebo* (Johns Hopkins University Press), and this multi-authored Danish contribution; testimony, perhaps, to the recent revival of interest in mind-body relationships, in the power of the mind to influence healing. The Harrington volume is philosophical in its approach, being intended "to push the envelope of thinking on placebo in ways that might help reshape how the problem is conceived and studied . . . to ponder how to do better justice to the integrated ways in which sociocultural meanings and physiological mechanisms function fluidly within a single human being" (p. 9). It relates largely to current concerns over placebos, whereas the Shapiros elegantly and accessibly take a long-term historical perspective, from Cro-Magnon times (c. 20,000 BC) forward to the end of the twentieth century. The Shapiro emphasis is, essentially, on the centrality of the placebo effect in the success of medical intervention across the centuries; in the relations of the placebo to psychiatry and to clinical trials; in the laws which govern the nonspecific but very

powerful therapeutic potential of the placebo effect. Arthur Shapiro himself, who died in 1995, may be considered the doyen of placebo studies: his contributions far outnumber other entries in his own bibliography, and provide crucial core literature for the independent Danish investigations.

Three publications on this subject in one year might be considered at least one too many, but the Danes' study is by no means superfluous. It at once complements and extends the perspective offered by the other two books. Like the Shapiro volume, it is lucidly and accessibly written for a non-specialist readership; unlike the Shapiro volume, it consciously takes three different approaches to its subject. In the first section, Asbjørn Hróbjartsson explores current issues surrounding the placebo effect. The placebo, he argues, provides a unique focus for examining the relationship between medical science, body, mind, and clinical treatment. In the first place he examines the diverse and often paradoxical uses of the placebo concept in medical literature (for example, that it is at once accepted as scientific good in clinical experiment yet utilized as an expression of doubt, or as an implication of pseudo-science, when used of complementary therapies), then he discusses selected definitions of the terms "placebo" and "placebo effect". The third section deals with the transformation of the placebo effect, from a part of everyday medicine before World War II, to a new central role in the randomized clinical trial after that War. It is an area dealt with more fully and reliably by the Shapiros, but it is good to be reminded, by the account of Johannes Fibiger's pioneering application of Louis' numerical method in his 1898 investigations in Copenhagen into the effectiveness of diphtheria anti-toxin (p. 33), that serious medical research is undertaken in countries other than the big four (Britain, America, France and Germany). Hróbjartsson concludes by discussing how to measure the placebo effect, and its significance in clinical medicine.

The central section of the book, by Lars Ole Andersen, deals with the placebo's historical