

heart changes from that of an organ the surgeon did not dare to touch for fear of upsetting its critical function, to a robust pump that can be worked upon, repaired and, if needs be, taken out and changed for another. The definition of death changes in step. The heart beat is no longer evidence of life. Death is determined by the much more difficult test of brain death. Over a period of more than twenty years from 1979 to 2000, Allen Weisse conducted the sixteen interviews presented here as edited transcripts in what he calls “an oral history” of “the twentieth century battle against heart disease”. These are some of the people who were prominent in these changes in the medical history of the heart in the second half of the twentieth century.

The practice of interviewing eyewitness participants in the events of the past for the purpose of historical reconstruction has its own expertise and methodology and in its developed form requires training and critical appraisal. The interviewing of celebrities (which is what we have here) and inviting them to reminisce, is something rather different. It too can be done well. I have heard tapes of the amateur medical historian Arthur Hollman (biographer of Sir Thomas Lewis) who with quiet, non-intrusive, open ended questions prompts his subject. What I see in this book is not that. Look, for example, at Weisse’s interview with the taciturn John Kirklin. There are pages with more of the interviewer than of Kirklin who replies to Weisse’s long expositions with one-liners, as dismissive as they are laconic. To a question on regrets, Kirklin says, “I wish I had made a lot more money”, which for those who worked with John Kirklin (as I did) in his heyday is likely to be seen as deliberately misleading. In response to the interviewer’s closing thanks, Kirklin replies, “I haven’t told you anything”. Kirklin used the word “naïveté” to characterize an earnest but ingenuous enquirer into our scientific and surgical work in 1981. I wonder what he said in 1999 as the door closed on this interviewer.

When it comes to facts, eyewitness accounts are notoriously unreliable. They are not recordings that are made at the time and then taken out for subsequent inspection. With a film

or audiotape any corruption or accidental change is evident, but memories are like computer files which are re-opened repeatedly, worked on in discussion and reflection, and saved again to the hard drive. After many iterations and editions, over a lifetime of years, these oft recounted memories appear as true as when first saved, but they are not. When we published our research on the operations for mitral stenosis performed in 1948, eyewitnesses came forward to volunteer their own accounts of events and to contradict ours. Some described operations performed more than ten years later, on another part of the heart, in a totally different historical context. One “eyewitness” (whose dates in fact precluded his presence at the event in question) rather bizarrely believed that the operation had first been performed at dead of night to hide from the hospital authorities. Charles Bailey was one of the surgeons operating in 1948. He recounts his story in this book as he has to me and countless others. The facts and dates are accurate but from a reading of contemporary literature and primary sources one can deduce that his vision and foresight became more clear and more certain with hindsight. Others, conversely, may have more doubts now than then about the part they played.

These witnesses born between 1895 and 1929 were on average seventy-nine years of age when they told their stories to Weisse. They mainly lived and worked in the USA. They were indeed key players in the events that changed the medicine of heart disease in the twentieth century. Their witness is interesting but I think it adds more autobiography than history. This book may find its place as a useful secondary source to add some autobiographical colour to research in this era.

**Tom Treasure,**  
Guy’s Hospital, London

**Dylan Evans,** *Placebo: the belief effect*,  
London, HarperCollins, 2003, pp. xvi, 224,  
£16.99 (hardback (0-00-712612-3)).

For a long time *the* book about placebo effect was *Placebo: theory, research and mechanisms*,

## Book Reviews

edited by L White, B Tursky, and G E Schwartz (1985). It remains interesting because of the many thoughtful and detailed chapters about definition, mode of action and ethics. In 1997 three books on the subject appeared (see reviews in *Medical History*, 1999, 43: 124–5 and 269–70) that showed how complex the field is. I think many people who have followed the discussions about placebo and placebo effect now expected a pause for thought: what are we talking about when we say placebo effect? Is there a definition of placebo effect we can agree upon? Should we simply leave the concept of a placebo effect? Is it too complex and too much of a “garbage can”? In the last two years an astonishing number of popular and scientific books about placebo effect have been published or republished by authors such as Howard and Daralyn Brody, Harry A Guess, *et al.*, Lolette Kuby, Daniel Moermann, David Peters (ed.), and Howard Spiro.

One of the newest books that is based on new knowledge in the field, and also aimed at a broader public, is Dylan Evans' *Placebo: the belief effect*. The author has a “middle of the road” standpoint between the more extreme views that placebo effects do not have any clinical importance and that placebo effects have a big influence on many symptoms that can be seen in daily medical practise. According to Evans, placebos work on a limited range of conditions like pain, inflammation and depression but not on infections, chronic degenerative diseases or cancer. He claims that placebo-responsive conditions all involve acute phase responses. These are responses in the body that involve pain, swelling, fever, lethargy, apathy, etc., often less technically called “inflammation”. Evans argues that these reactions of the body and its innate immune system are not pathological but part of the healing process. The mechanism that turns off the acute phase response sometimes malfunctions and persists too long. So the placebo effect, or belief effect as Evans prefers to call it, should work by suppressing overdue activities in the body. The patients' beliefs play an important role in activating the placebo effect, and they can be influenced by information

from other people, experience or logical thinking.

An overall explanation of all placebo effects has been shown to be problematic, and Evans admits that this hypothesis cannot explain everything and is merely speculative. But in arguing for his hypothesis he brings the reader on a well guided tour through much literature on immunology, psychology, psychotherapy, alternative medicine, ethics, etc. He also raises the question of whether placebo effects are always good since they suppress activities that normally are supposed to be healthy for us. Something that makes us feel good is sometimes bad for us and vice versa.

The book is very well written, it touches a lot of relevant corners of the debate and tries to put up a new hypothesis about placebo effects. What more can one expect? The historically interested might look for better introductions to placebo/placebo effect elsewhere. Evans writes that from the Second World War everything changed; from being a pious fraud, now placebo was supposed to heal people. Did everything really change here? I doubt it. In the nineteenth century also some physicians believed placebos could relieve symptoms, and after the Second World War many physicians were sceptical of the effect and the practice of giving placebos. There is much more to the developments of the last 200 years than a simple before and after the war.

Also from an historical point of view it is interesting that there is still no agreement upon how important the placebo effect is and how to define it. There seem to be at least two different perspectives. One is that placebo effects have to do with placebos and can be investigated through research into the effect these have on groups of patients compared with treatment- or no-treatment-groups. This perspective has a fifty-year long tradition. The other is that placebo effects come from the mind's influence upon the body. This perspective has a 2000-year long tradition. These two traditions have different points of view and a mapping of this controversy could be interesting. Evans does not do this, but that would perhaps be too much to expect from one book.

## Book Reviews

It is a good book, but the competition in the field is fierce. Those interested in the subject who would like to read some of the newest books in the field should also consider Daniel Moerman, *Meaning, medicine and the 'placebo effect'* (2002) and Harry A Guess, *et al.*, *The science of the placebo* (2002).

**Lars Ole Andersen,**  
Medicinsk Museion,  
University of Copenhagen

**Michael J Lepore,** *Life of the clinician*,  
University of Rochester Press, 2002, pp. xiii, 459,  
£40.00, US\$45.00 (hardback 1-58046-116-6).

This is a case of life after death and death after life. Michael Lepore was a distinguished American internist who first appeared on the historical scene with *Death of the clinician: requiem or reveille?* (1982) Rather less than an historical study, it was more of a sustained tirade, supported by examples from the past, against the full-time clinical professorial system that slowly and with much strife entered American medicine after the famous Flexner report of 1910. Lepore was unashamedly very right wing in that book and a staunch defender of what he considered traditional American values clustered round the idea of freedom. In this current work he has given us what he saw as an objective history of his life. His death in 2000 precluded him seeing his own past in print.

If not quite a rags to riches story, Michael Lepore's life was not that far from it. Born in 1910, he was the son of first generation Italian immigrants to New York City. His father ran an ice business. This was not an office job; from dawn till dusk he carted blocks of frozen water around the Big Apple. In fact the first few chapters of this book, which are not about medicine at all, are engrossing reading about life in early twentieth-century Harlem. Lepore showed himself to be a gifted child who chose a career in medicine. He was a graduate of the relatively new Rochester School of Medicine and completed his internship at Duke University Hospital. After that the bright young man was

rewarded with a fellowship at Yale studying physiology. He returned to Duke but Italian matriarchal forces were so powerful an influence that he went back home to private practice in the Bronx. Too ambitious for such a sheltered life, at the end of the thirties Lepore was also practising at the Columbia-Presbyterian Medical Centre and was increasingly, but not solely, concentrating on gastroenterology. The Second World War disrupted this upward mobility although in the end it facilitated it. Lepore served most of the war at the Valley Forge General Hospital in Pennsylvania. The last year of the war, however, and a little after, were spent on Pacific islands. After this, a successful return to New York followed with appointments at various hospitals and a Park Avenue practice. Lepore became a star (he ran a successful, educational, medical television show). He numbered President Hoover among his patients.

There are several points the potential reader might want to know about this book. First, it is an insiders' guide to making a career in twentieth-century American medicine. As such it is a valuable historical document. Second, Lepore's hero is William Osler. Lepore portrays himself as a true disciple, which for him meant that the bedside and clinical individualism came before anything else. Like his first book then, this volume is a sustained political polemic: against the Democrats, government involvement in medicine, the full-time system, etc. Third, for a book that tirelessly preaches the virtues of service and humility in the doctor it seems extraordinarily full of hubris. Pursuing his Oslerian theme, Lepore fills a great deal of this volume with case histories, all of which testify to his skills in bedside diagnosis. There are no mistakes in this book, no apologies, no confessions in any sphere—clinical, administrative, domestic—that I, Michael J Lepore, got it wrong, ever. Finally the author has not been well served by the press of his alma mater. Some ruthless sub-editing with a scalpel would have got rid of the tiresome repetitions. There is no index.

**Christopher Lawrence,**  
The Wellcome Trust Centre for the  
History of Medicine at UCL