

The Powerful Cipher

BY LOUIS LASAGNA

Prior to 1945, the word "placebo" had never appeared in the title of a medical article, and was not even listed in the main indexing services for medical literature. Since then, countless articles have been published in all parts of the world, testifying to the power of the placebo or attempting to explain it.

Historically, the term has its roots in the eleventh Bible's 114th Psalm. The ninth verse begins with the word for "I shall walk," which was inaccurately translated into the Septuagint Creed as "I shall please." In the Vulgate Latin version, this became "placebo." For a time, placebo was used in the English language to denote the virtues for the Deaf, but then took on several meanings, mostly derogative, such as a servile flatterer or toady.

The first medical definition of placebo is to be found in Wallerby's 1770's New Medical Dictionary as "a commingled medicine or medicine," not long after, it came to imply a "misanthropic medicine," devoid of significant effect. For many, a still less this conception, although its association with both impotent and unwarranted effects has been observed in almost every maad.

A recent article by Benson and McCallie in the June 21, 1979, New England Journal of Medicine is a case in point. Entitled "Angina Pectoris and the Placebo Effect," it lists many now abandoned remedies for cardiac pain and discusses in detail such modern fisherman-theban as the sanchina, khedin, veramin E, and surgical ligation or emplantation of the internal mammary artery. The authors conclude that the placebo's

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"remarkable effect should not be considered... unless most effective therapy, the placebo has withstood the test of time and continues to be safe and inexpensive."

Despite recent scientific attention, pharmacologists suffer from several serious misconceptions. The fact is that placebo effects are all due to "suggestibility" or psychosociology. There are two components to the placebo effect, and neither is quantitative change. It is usually impossible to dissect out these factors with any certainty, but since most doctors have their lips and bowels, it is easy to fall into a trap the eyes suggest for a placebo whenever something good for both happens after a placebo is taken.

A second misconception is that everyone is either a "placebo responder" or a "placebo non-responder." If must confess "mea culpa," here, having tried such an approach in the first such analysis of the placebo response in 1954! Placetas necessarily a no more "yes-no" than honestly truth eye graded characteristics, and both depend on the specific circumstances.

Failure to appreciate these two points leads to a dead end. Researchers have been trying to leave dull important variables predisposing to

general placebo responses without varying actual variables. The generic response under study is more likely to reflect quantitative change than psychosocial predisposition, and they continue to look for qualitative differences so unlike as to simulate similar results. If there are factors that make a difference, they are not to be found in a therapeutic setting, why should they be sought like the ducks that provide a volunteer college student to report withdrawal effects after a milk sugar tablet? Well, birth have been called "placebo sequences."

A fourth misconception is that placebo-quasi-placebos are often employed in the real life practice of medicine, and represent a dreadful unethical deviation of the patient. So accused David Rock in an oft-cited but famous article, "The Ethics of Giving Placebo," in the November 1972 Scientific American. Doctors may indeed prescribe morphine that aren't needed or don't work, but they rarely give morphine as an experimental or test situation or treatment without specific activity for the condition being treated. "Amorinos? Yes 0.2 mg. - 1 mg. To be sure. Saline injections will better solve hardly ever. Doctors, at most invariably provide pharmacologically active medicine that have at least the potential for ameliorating the patient's symptoms in a psychophysiological way. (There is, of course, a placebo component in this because there is in everything doctors do for their patients.)

In fact, doctors may be misguided in so doing, or the therapy may turn out to have been only a placebo, but the distinction is clear and important. To water a so-called in front of an anesthesiologist patient, then, the patient and then change a toe for a "T and A" would be quite very, and tried to measure dissolved solids in a bona fide attempt to prevent repeated sore throats in not, even if surgeons dis-