

discussion, some understandable irritation and some scepticism. I recommend it warmly, particularly for those who are able to influence the direction in which the profession is moving. But I would recommend that it be read alongside Baroness O'Neill's *A question of trust*, published last year by Cambridge University Press.

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Perceptions of pain

By Deborah Padfield. Dewi Lewis Publishing, Stockport 2003. 128pp. £14.99.

There are clear limits to using language to express an individual's subjective response to severe chronic pain. Virginia Woolf wrote that '...the merest schoolgirl when she falls in love has Shakespeare and Keats to speak for her, let a sufferer try to describe the pain in his head and language at once runs dry'.¹ Furthermore what if the doctor can find nothing wrong and all the tests are negative, but the pain persists? A physician or surgeon may then dismiss the cause as emotional. How will the patient react – seek another opinion, lose faith in the profession?

Attempts by artists to depict pain have never really been entirely successful. Some have focussed on events associated with pain, for example by using Christian iconography or situations such as tooth extractions or joints being gnawed by imaginary beasts. Some have attempted to portray pain through facial expressions, as in the classical studies of Charles Bell, Duchenne de Boulogne and Charles Darwin. But these approaches have only ever been partly successful because they could never depict precisely how individuals actually felt about their pain. This book attempts to address the matter in an original and unique way.

It follows the success of the exhibition 'Perceptions of pain', sponsored by Novartis Pharma AG, and comprises a compilation of images based on photographs by Deborah Padfield, herself afflicted with chronic pain, selected by a number of pain sufferers who collaborated closely with her. Their pain results from accidents, assault, surgery or illness and has lasted between 9 and 42 years. In most cases no medical resolution has been found to their problems. At numerous workshops with individual patients the images were carefully selected and manipulated and transformed by cutting, stitching and writing on them. The result is a fascinating mix of black-and-white and colour images. Being a sufferer for some time from migrainous neuralgia (whatever that is) myself, I can certainly sympathise with all those involved in trying to depict their very personal experiences which are often beyond the reach of words. As Deborah Padfield emphasises, the works were not driven by aesthetic considerations but by a desire to '...look at aspects of ourselves, and experiences, which have hitherto been too painful to acknowledge'. But asking pain sufferers to try to explain their suffering in this way might also have other benefits. It could help students and doctors in training as well as more experienced individuals better to understand their patients' problems and thereby improve communication with them. It could also help to establish a diagnosis, for example in children to distinguish migrainous from

non-migrainous headache. And it might also provide useful information for possible treatments. Professor Brian Hurwitz in his thought-provoking introduction also hopes these images might '...galvanise clinicians into ensuring that NHS managers and planners accord the resources required for appropriate medical treatment of pain'. Clearly a picture can be worth more than a thousand words. This fascinating book certainly emphasises the point in a very elegant and convincing manner.

Reference

- 1 Woolf V, 'On being ill'. In: Woolf V. *The crowded dance of modern life: selected essays*. London: Penguin, 1993.

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The science of the placebo: toward an interdisciplinary research agenda

Edited by Engel LW, Guess HA, Kleinman A, Kusek JW. BMJ Books, London 2002. 343pp. £15.95.

The science of the placebo is the outcome of a conference held in November 2000 and attended by medical scholars, researchers, and clinicians, including those working in both conventional and complementary and alternative medicine. Conference proceedings can be disappointing reading for the clinician, but this book is an exception to that rule. It contains a wealth of clinically relevant information in addition to that on issues of research methodology and ethics which may be of more interest to researchers. The book starts with an overview, which provides a very useful summary and guide to the later chapters; this chapter alone should be read by those interested in the way patients are affected by their interaction with clinicians.

The final chapter lists six principles that were agreed at the conference. First, that the term placebo describes a 'process encompassing dynamic features of the patient-health professional interaction' and that 'placebo (or nocebo) effects operate whenever patients and practitioners interact'. Second, that 'placebo effects are a subset of mind-body effects that emerge by eliciting innate healing processes and/or enabling an amelioration of symptoms'. Third, that it is unlikely that any 'single model of placebo effects nor any single mechanism will be able to explain how placebo effects manifest as physiological changes in the body'. Fourth, that interdisciplinary research is needed for placebos research. Fifth, that 'there is a need to eliminate the pejorative connotation of the word placebo as merely a sham and deceptive process and replace it with positive meaning'. Finally, that 'studies involving placebo effects must be designed to separate actual placebo effects from various artefacts'.

This book shows, through cited research, the important impact placebos and nocebos have for health and disease. Several of these studies will be of interest to those in clinical practice. For example there is the study that investigated the link between Chinese astrology and mortality. Chinese astrology predicts health outcome as a function of year of birth, and these outcomes are reflected in the mortality statistics (disease type) of Chinese Americans, but not in those of the white controls. The author concludes: 'It is clear from

this case that these significant differences in longevity among Chinese Americans (up to 6 or 7% of length of life) is not due to having Chinese genes, but to having Chinese ideas and to knowing the world in Chinese ways'. The practical implication of this research is that the culture in which people live, and consequent expectations of health, have a real impact on disease and mortality.

The book contains many summaries and reviews of the research literature, for example a summary of research comparing real chiropractic with sham chiropractic where there are inconsistent but often negative findings. However, the author's conclusion is not that chiropractic had no value: 'If there is little evidence that chiropractic is "better than placebo", there is ample evidence to indicate that it is better than conventional medicine for this complaint'. This conclusion echoes throughout the book: the placebo effects should not be considered 'noise' in clinical research, but have real therapeutic potential. This potential may be insufficiently exploited because the lack of insight into the mechanisms underlying placebo effects means that they cannot be exploited reliably.

There are also reviews which show that placebo effects are not predicted by personality variables (or at least, a 'placebo prone' personality has yet to be discovered) but, intriguingly, that there is a strong positive correlation between response to active treatments and placebo responses. This finding that patients who respond well to an active treatment are also likely to respond well to placebos may be linked to another consistent finding: that patients high in adherence do well with active treatments (presumably because they adhere to the treatment) but also with placebos. This book leaves the reader with the impression that social and psychological factors have a substantial impact in the development of disease and its therapy, but also that our current understanding only scratches the surface of this complex area.

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Hospital infection: from miasmas to MRSA

By Graham Ayliffe and Mary English. Cambridge University Press, Cambridge 2003. 288pp. £24.95.

This book provides many interesting nuggets of information as it starts out considering theories of infection and their hospital management in the Middle Ages and progresses to the present. The focus is very much on the eighteenth, nineteenth and twentieth centuries and the battles that were waged as the pioneers took on the conservative establishment and tried to alter both the understanding of disease and the practice of medicine. Well-known incidents such as that of John Snow, the cholera epidemic and the water pump, eminent scientists such as Robert Koch, and popular icons including Florence Nightingale feature alongside many others who are not household names but who were undoubtedly important figures in the history of hospital infection. The best chapters are those on the twentieth century when the authors can bring their own experience and understanding to bear more directly on the problems that were being tackled at the time. Although they define the victories, it is in this period that the problems become more apparent. They include such things as the rise of methicillin resistant staphylococcus

aureus (MRSA), the development of antibiotic resistance and the appearance of new diseases such as AIDS.

There were two areas where I found this book to be somewhat unsatisfactory. The first is the relative failure to consider medical and other discoveries in the context of the social and economic changes of the time. This is touched upon occasionally, for example with reference to the factors leading to the building of hospitals. More often, however, a picture is painted of an almost wilful inability in the majority, or certain 'villains', to see the truth. In reality, there was a whole series of factors explaining why many theories were not adopted and why others such as those linking disease to miasmas seemed extremely reasonable at the time. There is a tendency to see the current era as enlightened, while others have fumbled in the dark. The truth is, as any practitioner of infectious diseases or microbiology will realise, that despite a wealth of new knowledge many of our treatment regimens are empiric and our methods for controlling infection both ineffective and inappropriate. I have no doubt that in years to come somebody will write a similar book looking back disparagingly at the way we practised – although that too will be inappropriate.

The second issue is more philosophical. The authors obviously believe that there are individual heroes who 'see the light', whereas I find it easier to believe that there is usually a number of people working along similar lines at one time, of whom one or two more or less simultaneously reach similar conclusions. Furthermore, the clinical implications of great discoveries are seldom immediate. The discovery of antibiotics occurred many years before they became a regular part of medical practice and even more time passed before their limitations were understood. This is not to detract from those brilliant people who can make a quantum leap in thinking, but in many diseases these individuals alone bring about relatively little change. For example, the incidence of tuberculosis in Western countries has declined not in response to increased understanding of germ theories of disease or better treatments, but mainly because of a radical improvement in standards of living. Similarly many of the improvements in hospitals arose not because doctors finally understood the importance of cleanliness but rather because hospitals came to be seen as reflections of the success and prosperity of individuals, towns and countries.

So should you buy this book? There is no doubt there is a lot here to interest people working in the world of infection and those that want to review the statistics of another age, although it is possible to be a bit sceptical about some of the numerical data provided. Many doctors will enjoy the journey from the ideas of the Middle Ages to the current difficulties associated with hospital-acquired infection that touch the practice of many. The comparisons are clear to see. It is the sections on the last 50 years that merit the closest scrutiny. The book is certainly slim and easily readable. However, if you are new to the history of medicine, I don't think that this should be your first read and would suggest that one of the excellent volumes by Roy Porter should be your first port of call.

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