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The early history of the placebo

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KEYWORDS

Placebo; Medical history **Summary** In the late 18th century the term ''placebo'' became part of medical jargon. In contrast to the prevailing opinion that it was the Scottish physician and pharmacologist William Cullen (1710–1790) who introduced this expression into medical language in 1772, the credit must be given to another English physician, Alexander Sutherland (born before 1730 – died after 1773).

The main reason for administering placebos in late 18th-century medical practice was to satisfy the patient's demand and his expectations. Another reason was obstinancy of the patient: the motivation behind such prescriptions may be summarized as prescribing inert drugs for the satisfaction of the patient's mind, and not with the view of producing any direct remedial effect. In most cases these 18th century physicians did not administer "pure" placebos but resorted to any kind of medicine which they thought simple, feeble, or altogether powerless, non-perturbing medicines.

Today we make the distinction between pure placebos (substances with no pharmacological effect, e.g. sugar pills) and impure placebos (substances with pharmacological effect but not on the condition being treated). In the 18th century those physicians who prescribed placebo usually thought of drugs which were considered not very effective in the particular case, e.g. a mild ointment. At the same time, only very few brilliant minds came up with the ingenious idea of using inert substances as placebo. An alternative to milk sugar used as placebo in homeopathy was breadpills.

Recent research suggests that expectancy is an integral part of the placebo effect. As early as 1775 the English bishop John Douglas (1721—1807) anticipated the findings of modern research on the placebo effect.

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Placebo in medical terminology

In the late 18th century the term "placebo" became part of medical jargon. In contrast to the prevailing opinion that it was the Scottish physician and pharmacologist William Cullen (1710–1790) who introduced this expression

About ten years later, in 1772, William Cullen demonstrably used the term for the first time in his *Clinical Lectures*

into medical language in 1772, the credit must be given to another English physician, Alexander Sutherland (born before 1730 — died after 1773) of whom we hard have any biographical information. Being a doctor in Bath, he was familiar with the latest medical fads, including the water cure. In his book Attempts to revive ancient medical doctrines: I. Of waters in general (1763) he ridicules a certain type of fashionable physician whom he calls "Placebo" (Fig. 1).1

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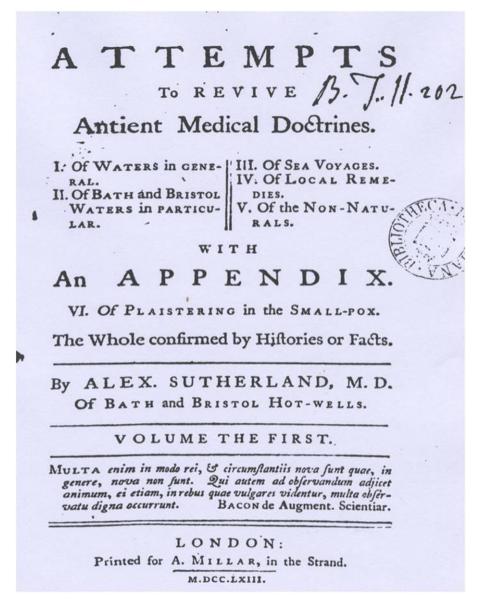


Figure 1 Title Page of Dr. SutherLand's book.

in connection with a patient to whom he gave an external application of mustard powder although he was not convinced of its specific effect: "I own that I did not trust much to it, but I gave it because it is necessary to give a medicine, and as what I call a placebo. If I had thought of any internal medicine it would have been a dose of the Dover's powders." Cullen's "placebo" was not yet an inert substance. He tended to use low doses of drugs which he thought to be ineffective given the severity of the disease. His main concern was not what to prescribe, but how to fulfil the patient's desire for a remedy even though he did not personally believe in its pharmacological effectiveness — according, of course, to the state of knowledge at the time.³

At the same time, namely the beginning of the 1770s, another English physician, John Coakley Lettsom (1744–1815) who practiced medicine in London, used the term "placebo" in a similar vein. "Few medicines are used

more frequently in nervous, and those called putrid fevers, than this [contrayerva, R.J.]; and there is not one less beneficial and inactive. In the usual dose of the compound powder, seldom more than three grains are given at once to a patient; but from the very large quantities I have given in vain, I am persuaded, that if three hundred were prescribed instead of three grains, the effect would be as insignificant; and therefore candor induces me to suppose, that the physician means nothing more by it, than a placebo, in the manner and quantity it is generally admitted." Like Cullen, Lettsom obviouly used low doses of conventional drugs which he thought to be ineffective given the severity of the disease.

Reason for using placebo in medical practice

The main reason for administering placebos in medical practice was to satisfy the patient's demand and his

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