

make the city operate. Each section is rich in detail, and the excellent maps and diagrams serve as easy-to-follow supplements to the text. One of Lemon's major points is that U.S. and Canadian cities evolved differently because, whereas in America cities were jealously policed by the states that granted them charters and were thus subject to conflicts between urban and state government, Canadian cities were much more fully integrated into their particular provincial government, and so political conflict had less of an impact there.

The examples Lemon uses to support his arguments about patterns of evolution, however, raise several questions. Lemon seems to have selected Philadelphia and New York because they represent the norm in their cycles, yet Chicago and Los Angeles differ from that norm. And although the management of Toronto illustrates what urban scholars have long urged—a reduction of expansionist growth and commitment to urban diversity—Lemon is almost as pessimistic about Toronto's future as about that of the U.S. cities. If there is no hope for any city and even Toronto is proceeding down the slippery slope, what hope is there for the urban dweller in the new millennium? Lemon's suggestion that a socialist governmental intervention would improve the continental economy and thus stabilize urban decline is hardly new, although he presents his argument forcefully.

The only "limits" of nature Lemon discusses are resource exhaustion and the physical limits of urban sprawl imposed by distance. As Canadian cities followed a more European pattern in establishing mass transportation and accepting multiunit dwellings, their encounter with natural limits was delayed.

Given the current state of urban economies in a changing world, Lemon is largely justified in his pessimism, but his argument would be strengthened by additional examples illustrating each of his cycles and a fuller discussion of how natural limits affected each of those cities at the relevant time. Further, as the title of the book refers to cities of North America, Lemon could have considered municipalities such as Mexico City, the largest urban area on the continent and centuries older than any of the book's other examples. He might also have looked at cities that varied less from the norm than Chicago and Los Angeles as a contrast to those examples and included additional information on Canadian cities in earlier stages of development to highlight the ways in which they differ from U.S. cities.

These observations, however, should not discourage anyone from reading this book. They are

simply suggestions for expanding its scope, for pursuing further scholarship. Indeed, this work would be a valuable addition to the library of any student of urban studies.

KATE FOSS-MOLLAN

Karl-Heinz Leven. *Die Geschichte der Infektionskrankheiten: Von der Antike bis ins 20. Jahrhundert.* (Fortschritte in der Präventiv- und Arbeitsmedizin, 6.) 164 pp., illus., index. Landsberg/Lech: Ecomed, 1997. DM 58, ÖS 423, SFr 55 (paper).

The title of this very well documented if rather imbalanced textbook survey (*The History of Infectious Diseases: From Antiquity into the Twentieth Century*) is presumably meant as a mild provocation. There is in fact relatively little in the book that the epidemiologist, the demographer, or even the social historian would recognize as a history of health and disease. Instead, under the rubric "history of infectious diseases," Karl-Heinz Leven presents an overview of changing medical and scientific understanding of infectious disease: from theories about plague in antiquity to medical discussions of syphilis and smallpox in early modern Europe to discoveries about scientific hygiene and bacteriology in the nineteenth and twentieth centuries. (The term "infectious diseases" was apparently chosen *faute de mieux*, and Leven is aware of the anachronism, which he tries to resolve by using historically specific diagnostic categories.) The message is that the history of disease as retrospective diagnosis, and the history of medicine without its social and political aspects, was and is a flawed venture. Although German medical students receiving their first exposure to the history of medicine—and they are likely to be Leven's main audience—should be pleased to have this message in a slim book so packed with interesting detail and bibliographical information, historians of medicine and science will not need the lesson.

Whatever potential interest this book may have for historians derives from two features: first, it is a kind of long encyclopedia entry on its subject, supplementing, though not challenging, such standard surveys as C.-E. A. Winslow's 1943 *The Conquest of Epidemic Disease: A Chapter in the History of Ideas* (reprinted in 1980 by the University of Wisconsin Press); second, and more important, it can serve as an introduction to the new wave of German social and cultural history of medicine that has taken shape in the 1980s and 1990s. Much of this work has

not been particularly visible outside Germany; nor has it been surveyed in Germany itself. What Leven's textbook lacks in real synthesis and critical appraisal of this new literature, it makes up for in sheer numbers: the 599 footnotes—especially those for the chapter on the “microbiological era,” which constitutes over two-thirds of the book and concentrates solely and unduly on the German context—contain a wealth of references.

The exclusive focus on Germany in the chapter on the nineteenth and twentieth centuries has an inadvertent cost: Leven fails to take advantage of the historical literature that would seem most relevant to his concerns, namely, the social history of medicine and disease as developed after 1960 by English-speaking scholars using American and English sources. (For infectious diseases, one thinks especially of the example set by Charles Rosenberg's work.) As alive to changes in popular and professional constructions of the medical past as Leven is—he begins the section on infectious diseases in the nineteenth and twentieth centuries with an account of how Robert Koch was turned into a Nazi hero in a motion picture in 1939—he could, I think, have enriched his book by comparing the methods and presuppositions of recent social and cultural historians of medicine in (and out of) Germany with those of the interwar generation, which included Henry Sigerist, Owsei Temkin, Erwin Ackerknecht, and the outsider Ludwik Fleck. Seventy years ago the problem Sigerist called “Kultur und Krankheit” was already ambitiously posed.

J. ANDREW MENDELSON

Arthur K. Shapiro; Elaine Shapiro. *The Powerful Placebo: From Ancient Priest to Modern Physician.* xiii + 282 pp., tables, bibliography, index. Baltimore/London: Johns Hopkins University Press, 1997. \$39.95.

Anne Harrington (Editor). *The Placebo Effect: An Interdisciplinary Exploration.* xii + 260 pp., figs., index. Cambridge, Mass.: Harvard University Press, 1997. \$39.95.

The psychiatrists Arthur and Elaine Shapiro define the placebo as “a substance that is without specific activity for the condition being treated”; it may be “knowingly used for its nonspecific [or] psychological . . . effect” or for a “presumed specific therapeutic effect” (p. 41). As they explain in *The Powerful Placebo*, the term, once reserved for sham or quack treatments used to

placate the patient, has, in the late twentieth century, “become respectable” (p. 232), invested with multiple medical and cultural meanings and subjected to scholarly analysis, as in these two volumes.

The “placebo effect,” the therapeutic response to a drug or treatment that has no explainable action in relation to the disorder from which the patient suffers, fascinates and bedevils Euro-American science and history of science because it directly challenges the central assumption that the body can be described and manipulated on the basis of physical and chemical mechanisms. Arthur Kleinman, a discussant at the 1994 Harvard conference that was the basis for *The Placebo Effect*, points out that it is not really the mechanistic materialism of Euro-American medicine that is at stake; the functionally specific and beautifully lawlike mechanisms of the human body have been powerfully demonstrated. Rather, the placebo is a challenge to our antivitalism, the refusal to consider “energy and power . . . as an explanatory construct in biomedicine” (p. 234).

The Shapiros examine a further paradox. The double-blinded clinical trial, a methodology developed to discriminate between the placebo effect and the “real” therapeutic action of an active drug, has come under fire in the last thirty years for its use of placebo controls. The placebo control constitutes “a failure to treat” the sick, a deception of the trusting. If patients are fully informed that the trial will employ both a placebo and an active drug, they may try, and succeed, to guess which they receive and thus effectively unblind the study. And yet while physicians face ethical challenges for their use in clinical trials of placebos they themselves have defined as inert, patients eagerly seek out alternative therapies—laetrile, megavitamins, homeopathic medicines, to name only a few—that arguably provide no other medical benefit than the effect of an inert placebo.

But that effect can be potent. As Kleinman, Robert Ader, Howard Brody, and other contributors to *The Placebo Effect* suggest, scientific medicine might better serve both doctor and patient if its practitioners tried to incorporate the placebo's power into standard therapies instead of inveighing against its use. If the first step in such an attempt is to disentangle the contradictions inherent in the nature of the placebo, these two books do not succeed; but they do suggest the scope and nature of the problem and pose many provocative questions. Above all, they force the realization that “the placebo effect” is not simply a curiosity. Rather, it lies at the heart