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*Diagnosis, Therapy, and Evidence: Conundrums in Modern
American Medicine* (review)

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Bulletin of the History of Medicine, Volume 84, Number 4, Winter 2010,
pp. 707-709 (Review)

Published by Johns Hopkins University Press
DOI: <https://doi.org/10.1353/bhm.2010.a408233>



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In a volume that functions as an intersection of political and methodological history—I am reminded, in some ways, of Richard White’s brief and boundary-spanning *Organic Machine*—Fox gives shrewd attention to the political economy of health research methods. He ably shows how randomized trials have transformed many debates but also how their prohibitive cost tends to confer advantages on the organizations that can afford to sponsor them (pp. 7, 22). The modern embrace of randomized controlled trial methods leads to a cat-and-mouse game about how to perform these studies and how to apply their lessons (see his concluding chap. 5). And Fox exhibits a sharp understanding of the role, limitations, and complicated politics of statistical inference. His musings about the tension between average effects and individual or subpopulation results and his cautionary notes about libertarian and industry-sponsored abuses of the distinction should be required reading in graduate seminars (pp. 92–93).

Fox devotes chapter 4 to an understanding of the Drug Effectiveness Review Project (DERP). It is, in my reading, the crowning effort of the book and represents simply the best encapsulation and narrative on the project that has been written. The fledgling effort received a political boost from its narrow passage in Oregon and the failure of a judicial challenge to Maine’s law, and the role of DERP systems in sounding an early warning on Vioxx and its cardiovascular risks lent additional legitimacy to the effort. There is convergence in this narrative, but Fox avoids teleology.

There are limitations to an effort like this, not least a somewhat contrived distinction between “general government” and “specialist government.” This binary both confuses the reader and results in what, for a gifted historical writer, are some rather anachronistic statements (the idea that state government specialists’ “priority is to justify, and advocate for, more money and authority for their agencies”; p. 52). Yet the credits far outpace the debits here. The deep legacy of American health reform in the twenty-first century expresses and signifies, perhaps inescapably, a deeply federalist history. More than any scholar writing, Daniel Fox has set readers on that path of understanding.

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Gerald N. Grob and Allan V. Horwitz. *Diagnosis, Therapy, and Evidence: Conundrums in Modern American Medicine*. Critical Issues in Health and Medicine. New Brunswick, N.J.: Rutgers University Press, 2010. xi + 253 pp. \$72.00 (cloth, 978-0-8135-4671-1), \$26.95 (paperbound, 978-0-8135-4672-8).

In the immediate aftermath of the earthquake in Haiti, *Time* asserted that “Haitians who survive the horrific earthquake will be at risk of developing post-traumatic

stress disorder (PTSD).”¹ Grob and Horwitz would almost certainly take issue with this knee-jerk assertion and the inevitable calls for mental health professionals to intervene. “Victims of natural disasters,” they observe, “might benefit more from economic and social assistance that helps them overcome the genuine devastation in their circumstances than from individual therapy” (p. 189). The history of PTSD, they argue, like that of the other case studies they present (peptic ulcers, tonsillectomy, coronary heart disease and cancer, anxiety disorder, and depression), is littered with unsubstantiated claims about disease specificity, the efficacy of prevention and treatment, and the state of our etiological understanding.

Both authors are experienced and confident observers of the social construction of psychiatric and other diagnoses and the medicalization of everyday life. The case studies cover a lot of interesting developments without overwhelming the reader with unimportant details. The chapters on anxiety, depression, and PTSD are particularly skillful syntheses and do more than compile the gaps in the medical evidence and the messy compromises that resulted in *DSM* and other classificatory schemes. The authors give a rich description of the antipsychoanalytic animus behind *DSM-III*. They add to existing historical accounts by emphasizing the role played by psychiatrist Vietnam War veterans in advocating for PTSD. Their description of the ever-expanding trauma industry is troubling.

At the same time, the authors’ criticism of modern psychiatry for not basing classificatory schemes on specific etiologies, genes, or response to treatment is itself open to some skepticism. Beside mechanism envy, why expect that most or all “mental” suffering should follow the idealized mechanistic model of infectious disease and metabolic disorders?

Grob and Horwitz document important but underappreciated continuities between current diagnostic controversies and questions raised by nineteenth-century alienists and others. What type of suffering should be understood as part of the normal human condition? What represents somatic pathology? They point out that while some *DSM* promoters self-consciously aimed to recapture the clinical, symptom-oriented, mind-set of prepsychoanalytic thinkers like Emil Kraepelin, they paid little attention to the primacy Kraepelin and others gave to the longitudinal study of disease. Instead, modern nosologists promoted misleading and simplistic cross-sectional snapshots.

Grob and Hurwitz observe the essential fungability of anxiety and depression diagnoses and their treatments. As also documented by David Healy and others, the selective serotonin reuptake inhibitors, the blockbuster drugs of the past decades, were refashioned by psychiatrists and drug manufacturers as antidepressants rather than anxiolytics because of the “hostile cultural climate toward anti-anxiety drugs in the 1980s” (p. 137). Overall, “the configuration of these groups at any particular time shapes the extent to which symptoms will be defined as natural or as pathological” (p. 31).

1. Jeffrey Kluger, “Haiti: After Devastation, the Emotional Wreckage,” *Time*, January 17, 2010, http://www.time.com/time/specials/packages/article/0,28804,1953379_1953494_1953857,00.html.

Grob and Horwitz highlight the arrogance and self-interest of modern medicalizers as well as the duplicity of the American public. We learn a lot about the gap between “rhetoric and reality in modern American medicine.” Their analysis is detailed and sound and opens up for others further study of the factors beside economic self-interest and ignorance that produce this gap. For example, beside unwarranted faith in claims of better medical outcomes, what assumptions and calculations led parents and doctors to opt for tonsillectomy and adenoidectomy in their heyday? A contemporary actor whom the authors cite noted that these surgeries were “ritualistic” and satisfied “parental need” (p. 74). Was surgery understood as the engine driving the palpable decline in death from infectious disease and thus highly valued? Were more extreme treatments understood as an insurance policy against the feared long-term complications of acute streptococcal infections? Our historical understanding of medical efficacy still needs to integrate fine-grained study of individual decisions with broad developments in medical knowledge and practices.

Grob and Horwitz make passing reference at the end of the book to the recent discovery of a gene that purportedly signifies an increased risk of depression and expect that pharmaceutical companies will be busy developing and marketing drugs that specifically target the genetically at-risk population. One can easily imagine the expansion of depression to predepression and appeal of drugs that promise to reduce risk among individuals who test positive for a depression gene. We will need more sociohistorical studies like this provocative book and more societal appreciation of the issues they raise if we are going to sensibly respond to such challenges.

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