Editorial

CHRONIC BRONCHITIS

THE COUGHS and colds of winter are upon us again. However unseasonable the weather, we can always tell by the content of our surgery whether it be winter or summer, spring or autumn in the world outside. The late spring brings its red-eyed sneezers, summer its sprains and scratches, sometimes scorched skins; with autumn come the wasp stings and the vain seekers for immunity from the catarrhs to come. But it is winter, dark and dank and cold, that really frets us. How many and how varied are the coughs, the snuffles, the husky croaks and the painful pantings that beset us from all quarters? It is in winter that general-practitioner medicine comes into its own. Had we the time, what splendid work we might do on all this. Much indeed has already been done to increase our knowledge of these unpleasant complaints. A variety of viruses are said to cause them, yet a whole army of antibiotics are arrayed from which to choose their treatment. A new jargon—we hesitate to call it a nosology—has appeared, supposedly to help us, though we may wonder why the sniffling schoolboy should have become the ' catarrhal child ' and the adenoidal infant should be called an ' upper respiratory infection '.

Changes of terminology and inflection can only be useful if they bring with them a better understanding of the condition they describe. Thus, when someone says he has a ' cold ' his predicament is far more vividly presented to us than if he said " I have a coryza ". We cannot better the term, though sufferers may glorify it as ' flu ' or even ' influenza '.

' Bronchitis ', however, is one of those portmanteau expressions which encompass many ills. Any illness causing a cough is bronchitis to the public. It is unfortunate if a disease to which the medical profession is giving more than casual attention is seized upon by the public and becomes fashionable though, goodness knows, bronchitis has been with us for many years and will remain for a long time yet. Many of us hoped that with the benefits of more precise diagnostic skills, with the aid of spirometers and easier access to diagnostic

radiology, and with the application of antibiotic coverage, the problem was on its way to solution. But this is not so. Grave doubt has recently been cast on the efficiency of antibiotics in the management of the chronic chest. If we are convinced by the controlled trials described so well by Dr Elmes in the supplement issued with this *Journal*, we will no longer take the short and easy way with our wheezy old men that of recent years we have adopted: " Do you spit up? " " What colour is it? " and if the answer is yellow or green the current favourite antibiotic is prescribed. The patient goes on his way, if not rejoicing, at least happy that his doctor understands his case and has some effective answer to his problem—for did not the doctor say it would do him good? Was not the assurance and speed with which he wrote the accustomed prescription, a guarantee of the effectiveness of the medicine? This, thinks the poor man must be *it*. His faith in it is equal to that of his father in that bottle of ' black-jack ' which always rested on the scullery shelf; it certainly brought up the phlegm.

Now comes an element of doubt. " Some people ", says the doctor, " benefit from this but those who have studied it say it is really no good; we will try it, it can't do any harm ".

This grain of doubt, unwittingly implanted, leads on to the final problem. How, in any therapeutic trial, can those administering the treatment, impart to the patient the ' faith in the bottle ' so necessary in the treatment of any complex human being without upsetting the statistics? This imparting of confidence to the patient is an essential part of treatment. It is not enough to make a show of belief; unless the therapist really believes that what he is giving will do good, he cannot instil that confidence into his patients. A placebo " as its name implies, is intended to please the patient by means of its delightful colour and consistency and its objectionable taste; (an inert substance) by deceiving the patient is really meant only to please the statistician " (Watson, 1956).

In good therapeutic research every patient must be given an effective placebo, even if some are also given *other* active therapy.

REFERENCE

Watson, G. I. (1956). *Proc. roy. Soc. Med.* **50**, 923.