In the six months after the change in policy the number of antibiotic suspensions prescribed in our practice was 19% lower (16% to 21%) than in the same six months of the previous year. Over this period national prescribing of all antibiotic suspensions fell by 3%.⁴

Comment

Before my partners and I changed our policy, acute otitis media accounted for over half of all antibiotics prescribed for children in our practice. After our change in policy the proportion fell to a third, and as a consequence total antibiotic use for all infections in childhood fell by one fifth. As the evidence is not yet available to identify which children with acute otitis media benefit most from antibiotics we deferred prescriptions in those who were not systemically unwell (as suggested in the editorial comment accompanying one of the reviews in the *BMJ*⁵).

We found that most parents welcomed the written handout. The deferred prescription also acted as a safety net while they waited to see if the ear infection would resolve by itself and was often not redeemed. We are continuing with this policy, and in the current battle against antimicrobial resistance we would commend this approach to initial management of acute otitis media as a way of reducing the antibiotic load on children in the community.

A copy of the leaflet given to patients can be supplied by the author.

I thank my partners (Drs T Boyd, B Bintcliffe, J Glover, M Buist, and P Davis) for taking part in the study and the control practice for allowing me the use of their prescribing data; Mrs Frances Wilson (West Hertfordshire Health Authority) for providing prescribing data for both practices; Dr John Ferguson (medical director of the Prescription Pricing Authority, Newcastle upon Tyne) and Mr A M Savva (Statistics Division 1E of the Department of Health) for providing the national figures; Iain Chalmers and Professor C Del Mar for helpful comments; and Dr M Cucherat for use of the software package to perform the Mantel-Haenszel analysis.

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When I use a word...

Please, please me

Many words change their meaning with the years, and in some cases the new meaning is the opposite of the old, or at least at a tangent to it. A well known example is prestigious, which originally meant deceitful and now means esteemed. I am not sure, but I think that placebo may be in that camp.

The standard etymology is that placebo is the first person future indicative of the Latin word placeo, I please—that is, placebo = I shall please. But I don't think it's as simple as that.

The word first entered the English language through its erroneous use in a Latin translation of verse 9 of Psalm 116, which in Hebrew transliteration is "et'halekh liphnay adonai b'artot hakhayim." This is correctly translated in the King James version as "I will walk before the Lord in the land of the living," but the Latin version in the Vulgate of St Jerome is "Placebo Domino in regione vivorum." This ("I shall please the Lord in the land of the living") is not a correct translation of the Hebrew, but perhaps Jerome reasoned that anyone who walked before (or as the Revised English Bible has it "in the presence of") the Lord would please Him, and used the word placebo for the sake of euphony or metre (the Latin line happens to be a dactylic pentameter, like the dactylic hexameters used in Greek and Latin epic verse, such as Virgil's Aeneid).

Because the verse was used in the Vespers of the Office for the Dead, the word placebo, with which it began, became in the thirteenth century the name of that service. And because some people attended the service and sang the Placebo, hoping to be rewarded by a dead person's relatives, the word came to mean a sycophant. As Chaucer wrote in *The Parson's Tale*: "Flatterers are the Devil's chaplains, always singing Placebo."

Then suddenly the word appeared in the "enlarged and improved" second edition of George Motherby's *New Medical Dictionary* of 1785 (not having appeared in the first edition of 1775), where it was defined as "a common place method or medicine." Why placebo came to have that meaning at that time is

not clear. Common-place (usually spelt with a hyphen in those days) meant then, as it does now, ordinary, unoriginal, trivial, and so Motherby's definition suggests neither the modern meaning of placebo nor its traditional derivation ("I shall please"). However, the word "placere" also meant "to be popular," so a placebo may originally have been a drug that was of sufficient efficacy, or perceived efficacy, to be popular.

The word next appears in 1811 in Hooper's *Medical Dictionary*: "any medicine adapted more to please than benefit the patient." This sounds closer to our modern use of the word, and it is possible that a change in meaning may have taken place at about the turn of the nineteenth century, perhaps through a misunderstanding over the original derivation; or perhaps through a form of medical snobbery, the assumption being that anything popular couldn't be of much value; or possibly harking back to the old idea of sycophancy—that is, a medicine that flattered the user into believing it to be effective.

So perhaps from being a popular medicine with a useful if minor effect, a placebo became a medicine without any effect at all, or not one that you could rely on. More medical examples of the use of the word before 1785 or at around the turn of the nineteenth century might throw some light on the matter.

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We welcome articles of up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.