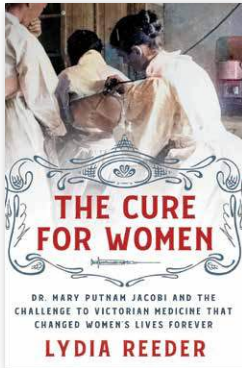


Book Reviews

Jack Coulehan, MD, MPH, Book Review Editor



The Cure for Women: Dr. Mary Putnam Jacobi and the challenge to Victorian medicine that changed women's lives forever

Lydia Reeder
St. Martin's Press,
2024, 336 pages

Reviewed by Marcia Freed, MD

Readers of *The Pharos* who entered medical school after 1970 probably find it difficult to imagine the excruciating experience that women faced when applying to medical schools earlier in the 20th century, let alone during the 19th. The experience of Dr. Mary Putnam Jacobi (1842–1906) is likely no less unfamiliar to most, even though she made a name for herself as a remarkable late-19th-century physician and trailblazer for women in medicine. In *The Cure for Women*, biographer Lydia Reeder—an author inspired by her great-grandmother, a community midwife who was unable to attend medical school to become a doctor—tells of Putnam Jacobi's joys and struggles as a wife, mother, physician, and community activist. During the Victorian era, most male physicians believed that women “lacked the emotional and mental capacities” to practice medicine because of their periodic menstruation. “In order to grow proper reproductive systems,” these physicians believed, “adolescent girls should use their brains only occasionally.”

Mary was the eldest of 11 children in the New York family of George and Victorine Putnam. Her father was the founder of G. P. Putnam & Co., which had published Dr. Elizabeth Blackwell's first book, *The Laws of Life*, in 1852. Blackwell was the first American woman to graduate from medical school (1849) and a life-long advocate of equal rights for women.¹ Nonetheless, Mary's father initially opposed her desire to study medicine, saying that he wanted her “to preserve her female character.” Eventually, however, Mr. Putnam agreed to support Mary's medical education at New York College of Pharmacy for three years and then at the Female (later the Women's) Medical College of Pennsylvania. Mary graduated with an M.D. in 1864, after receiving credit

for her pharmacy schooling and completing only one of the normally three years of coursework. During this formative period, Mary continued to receive support and guidance from Blackwell, who had been working nearby at the New York Infirmary for Women and Children.

Upon graduation, the young Dr. Putnam found her medical education to be lacking, even though she believed that she knew more about medicine than many of her teachers in the United States. She set her sights on advanced studies at the University of Paris School of Medicine; the Sorbonne, since its 1266 founding, had never admitted a female student, or even allowed a woman into its library or amphitheater, for fear of disturbing the male students. Nonetheless, Putnam succeeded in finding work in the laboratories of several Sorbonne faculty members—professors who became so impressed with her abilities that they eventually supported her admission to the medical school, from which she graduated with honors in 1871.

After returning to the U.S. and her family, Dr. Putnam opened her own medical practice and continued her research at the Women's Medical College of the New York Infirmary. While she wrote articles about cellular nutrition and neuropathology, her particular focus was with women's health. In 1878, the New England Medical Society honored Putnam with the Boylston Award for her paper “The Question of Rest for Women in Menstruation,” which argued against the standard beliefs of her time about women's bodies. Putnam continued to combat misconceptions of women's menstruation, fragility, and emotional lability throughout her professional life.

Putnam's intellectual abilities attracted the eminent pediatrician Dr. Abraham Jacobi, a professor at New York Medical College and the founder of American pediatrics, whom she married in 1873. Putnam's new husband had already lost two wives in childbirth and five children, whether during their delivery or from infectious disease, experiences that led him to have an intense interest in children's health. Jacobi enjoyed conversing with Putnam about medicine and collaborating with her on scientific papers, but most of all the spouses wanted to have children. Although their first daughter died soon after childbirth, their other children, the adored son Ernst and, two years later, the daughter Marjorie, made their early married life fulfilling.

Tragedy entered the picture in 1886, when both Ernst and Marjorie developed diphtheria. After Ernst's

condition worsened, Putnam Jacobi urged intubation, a procedure initially vetoed by her husband who rejected the bacterial etiology of the disease. Once Jacobi agreed to intubation, it was too late and Ernst died. This altercation compounded their grief and estranged the couple even further. Jacobi then insisted Putnam spend less time in the office and more time at home with Marjorie. Reeder further suggests that Putnam Jacobi's increasing professional and social reputation adversely affected the marriage. In subsequent years, she moved to Marjorie's home and remained there for the rest of her life. At the end of her life, Putnam Jacobi published a case study of her own self-diagnosed brain tumor, *Description of the early symptoms of the meningeal tumor compressing the cerebellum, from which the writer died* (1906).

Although Putnam Jacobi's mentor Dr. Elizabeth Blackwell was the most well-known Victorian woman to graduate from medical school and advocate for women in American medicine, many other influential women followed her, which led to the development of women's medical colleges in many U.S. cities. Putnam Jacobi was probably the most prominent of these women. She practiced at a time when the head of Harvard Medical School, an obstetrician and author of *Sex in Education*, strongly opposed women's admission into medical schools as too disruptive for men. Another prominent contemporary of Putnam Jacobi, Dr. Silas Weir Mitchell—who contended that malingering, physical exercise, or hysteria caused women's ailments—likewise strongly opposed women having medical careers because of their alleged “emotional instability.” Unsurprisingly, Putnam Jacobi was a vocal critic of Mitchell's “rest cure” for female neurasthenia, which involved weeks or even months of little more than bedrest. This supposed cure also served as the basis for “The Yellow Wallpaper,” a short story scathingly critical of the technique written by Mitchell's former patient, Charlotte Perkins Gilman. In addition to Putnam Jacobi's advocacy for women's health, she played a major role in the women's suffrage movement, especially through her book *Common sense applied to women's suffrage* (1894) and her co-founding of the League of Public Education, an organization supporting women's emancipation.

The Cure for Women offers not only an inspiring biographical account of a major figure in American medicine, Dr. Mary Putnam Jacobi, but also insight into the social and political world in which she lived. I highly recommend it.

References

1. Ross MM. Women's struggles to enter medicine: Two nineteenth century women physicians in America. *The Pharos of Alpha Omega Alpha*. Winter 1992; 55(1), 33–6.

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Placebos

Kathryn T. Hall, PhD, MPH
The MIT Press,
2022, 216 pages

Reviewed by Jack Coulehan,
MD, MPH (ΑΩΑ, University of
Pittsburgh, 1969)

Have you ever seen a television commercial for an amazing new placebo or heard a newscast touting a remarkable breakthrough in placebo research? Certainly not, because placebo therapy does not readily conform with our modern culture of high-tech medicine. Physicians often trivialize or dismiss placebos, although many physicians are happy to attribute the efficacy of complementary or alternative therapies to placebo responders. This term has mildly negative connotations in medicine, implying that the patients whose symptoms respond to placebos are especially susceptible to suggestion or even that the relief from symptoms might not be real.

In fact, the substantial body of research on placebos over the last fifty years suggests otherwise and is among the best kept and least understood secrets in medicine. In *Placebos*, part of the MIT Press Essential Knowledge series, Kathryn T. Hall, PhD, MPH, summarizes our current understanding of the properties of placebos and the neurophysiological basis of placebo healing. The attention that Hall devotes to placebos in this book helps to illuminate the effectiveness of the traditional art of medicine, a topic that should be of interest to all physicians.

The author primarily focuses on clinical trials designed to demonstrate that experimental therapies are

more effective than placebos. This comparison is necessary because often in studies of pain, depression, and other chronic illnesses, 30 percent, or even 50 percent, of the subjects who receive placebos achieve significant relief. To investigators, such findings make placebos a problem to overcome. To Hall, these findings are less a problem than a route to a deeper understanding of human healing—one that, moreover, gets to the heart of medical practice.

Serious investigation of the placebo effect began in the 1960s and 1970s. As the author notes, in 1978 Levine and coworkers demonstrated that Narcan could block placebo pain relief, thus indicating that the placebo effect is mediated by endogenous opioids.^{pg 39} More recently, dopamine has also been implicated in symptomatic relief. Neuroimaging studies show that subjects, when given either an opioid or a placebo that they believe to be a strong analgesic, have similarly reduced activity in what researchers call the “pain matrix” of the brain. According to Hall, over 300 studies have confirmed that placebos, like opioids, exert top-down control over pain, allowing “our brains to experience sensory signals for pain as less painful” than they would otherwise be.^{pg 75}

The rostral anterior cingulate cortex (rACC), which has a high density of opioid receptors, appears to be a crucial area in the brain’s top-down modulation of the pain experience. The ventromedial prefrontal cortex, immediately proximal to the rACC, “is a key region in integrating memory, prior experience, context, expectations, and incoming sensory information to generate placebo effects.”^{pg 76} Presumably, this integration results in endogenous opioids activating rACC opioid receptors. It also indicates a link between life experience (memory, conditioning, expectations, etc.) and the neurophysiology of the placebo response.

Usually, at least one third of subjects respond to a placebo, though the specific proportion may range up to one half depending on the conditions of the study. Neural imaging among other research has shown several traits to be prevalent among responders: openness to experience, extraversion, agreeableness, conscientiousness, and confidence. Alternatively, nocebo effects (i.e., worsening symptoms or adverse side effects) are correlated with such traits as caution, introversion, or carelessness. While there is much yet to learn about the interactions between life experience, orientation (e.g., towards optimism or pessimism), and sensation that condition the endogenous symptom-relieving mechanisms of the

brain, it is quite clear that these mechanisms are neither imaginary nor simply a matter of suggestiveness.

The author presents several examples of placebo effectiveness for symptoms other than pain. For example, sham surgery was equally effective as arthroscopic removal of bone spurs in relieving subacromial shoulder impingement, and sham surgery was equally effective as fetal-tissue transplantation in relieving symptoms of advanced Parkinson’s disease.^{pg 128–31} These studies were negative in the sense that the experimental intervention showed no benefit over a placebo, but positive in the sense that both the intervention and the placebo led to significant relief in a percentage of subjects. Although Hall doesn’t discuss diabetes or autoimmune conditions specifically, placebo treatment has been shown to lower blood-sugar levels in diabetics, to enhance immune responses, and to modulate other physiological processes related to neurophysiology in complex ways.^{1,2}

As to the implications that placebo research may have for contemporary medical practice, Hall notes, “The observation that the positive effect of a practitioner can have a greater effect on the patient’s symptoms as compared to a placebo alone is not new.”^{pg 141} In other words, the whole of the healing context, of which a pill, an injection, or sham surgery is merely a part, can trigger a positive response. Thus, a strong doctor-patient relationship may have a healing effect independently of any pharmaceutical or surgical intervention. Hall does not mention the possibility, but high-tech procedures like computed tomography (CT) or magnetic resonance imaging (MRI) probably contribute to the placebo effect in some patients because those procedures are such powerful symbols, as well as such useful tools, in today’s medical culture.

Hall touches only lightly on the ethics of covert placebo therapy in this book. She does mention, however, that studies have surprisingly shown placebo relief even for patients informed that their medication is just a sugar pill—another indication that the healing context, not the medication or intervention alone, can be an important factor in the relief experienced. Physicians in some countries report using “impure” placebos (e.g., vitamins or supplements) in their practices whereas, “in countries like Canada, Portugal, and Germany, pure placebos, like sugar pills or saline injections, are prevalent.”^{pg 159} In 2012, the German Medical Association concluded that covert placebo therapy using pure placebos is ethical under certain circumstances.

How often are patients fully informed that they are receiving placebos of any kind? One of the articles that Hall cites on the use of impure placebos implies a systematic absence of informed consent in most placebo research, and concludes that, “The prevalence of impure placebos in both Canadian and US clinics raises ethical and practical questions currently unaddressed by policy and warranting investigation.”³ The ethics of intentionally prescribing placebos to patients may be thorny; however, the therapeutic value of treating patients with empathy and respect is unquestionable.

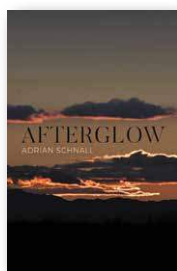
Placebos is a concise and provocative look at what scientists have uncovered about the placebo response to date. This real and potentially potent physiological process can offer a backdoor to healing (or to harming, as in the case of a nocebo), even if it stems from a complex network of personal and contextual factors. Hall raises more questions than she answers in the book, but both her questions and her answers are important for practicing physicians to consider.

References

1. Skvortsova A, Veldhuijzen DS, van Dillen LF, Zech H, et al. Influencing the Insulin System by Placebo Effects in Patients with Diabetes Type 2 and Healthy Controls: A Randomized Controlled Trial. *Psychosom Med*. 2023; 85: 551–60
2. Smits RM, Veldhuijzen DS, Wulffraat NM, Evers AWM. The role of placebo effects in immune-related conditions: mechanisms and clinical considerations. *Expert Rev Clin Immunol*. 2018; 14(9): 761–70.
3. Harris CS, Campbell NKJ, Raz A. Placebo Trends across the Border: US versus Canada. *PLoS One*. 2015; 10(11): e0142804, <https://doi.org/10.1371/journal.pone.0142804>.

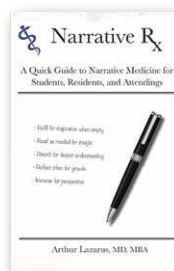
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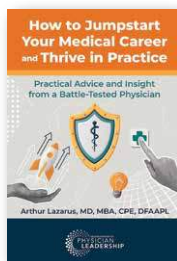
Afterglow

Adrian M. Schnall, MD (AΩA, Yale University School of Medicine, 1968); Finishing Line Press, September 19, 2025; 46 pages.



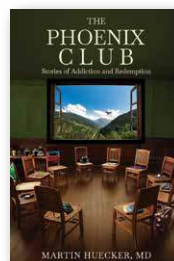
Narrative Rx: A Quick Guide to Narrative Medicine for Students, Residents, and Attending

Arthur Lazarus, MD, MBA (AΩA, Lewis Katz School of Medicine at Temple University, 1982); University of California Health Humanities Press, July 1, 2025; 226 pages.



How to Jumpstart your Medical Career and Thrive in Practice: Practical Advice and Insight from a Battle-Tested Physician

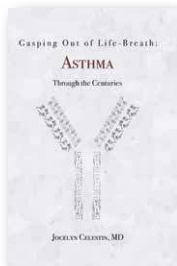
Arthur Lazarus, MD, MBA (AΩA, Lewis Katz School of Medicine at Temple University, 1982); American Association for Physician Leadership, July 30, 2025; 256 pages.



The Phoenix Club: Stories of Addiction and Redemption

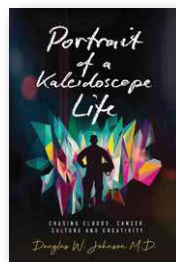
Martin Huecker, MD (AΩA, University of Louisville School of Medicine, 2007); Independently published, September 15, 2025; 269 pages.

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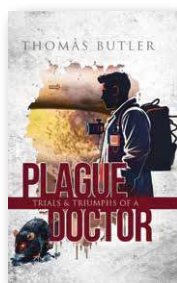
Gasping Out of Life-Breath: Asthma Through the Centuries

Jocelyn Celestin, MD (AQA, Albany Medical College, 2021, Faculty); Independently published, August 4, 2025; 400 pages.



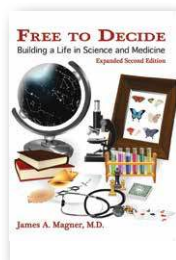
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Douglas W. Johnson, MD, FACR (AQA, Virginia Commonwealth University School of Medicine, 1979); Ten Hut Media, May 13, 2025; 314 pages.



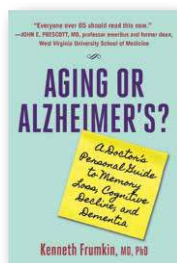
Trials and Triumphs of a Plague Doctor

Thomas Butler, MD (AQA, Vanderbilt University School of Medicine, 1967); Thomas Butler, February 18, 2025. 492 pages.



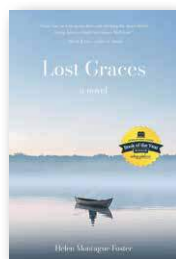
Free to Decide: Building a Life in Science and Medicine, expanded second edition

James Magner, MD (AQA, University of Chicago Pritzker School of Medicine, 1977); Russell Enterprises, August 15, 2025; 228 pages.



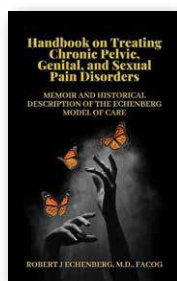
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Kenneth Frumkin, MD, PhD (AQA, Hahnemann Medical College, 1977); Skyhorse Publishing, November 5, 2024; 344 pages.



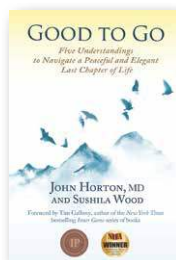
Lost Graces

Helen Montague Foster, MD, DFAPA (Virginia Commonwealth University School of Medicine, 1981); Atmosphere Press, September 20, 2024; 254 pages.



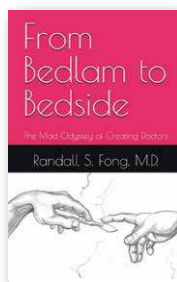
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Robert Echenberg, MD (AQA, Sidney Kimmel Medical College, 1964). June 19, 2025; 285 pages.



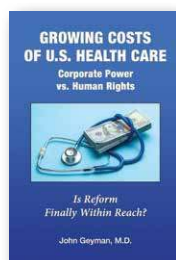
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John A. Horton, MD (AQA, Duke University School of Medicine, 1970), and Sushila Wood; New Insights Press, May 22, 2024; 240 pages.



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