surgeons are going to great lengths to try to discredit our study."

Regardless of the extent to which you believe the results of this study, it is clear that we should be more suspicious about arthroscopic surgery for this particular condition, and at the same time increase the burden of proof for medical procedures in general.

In the previous chapter we saw that expectations change the way we perceive and appreciate experiences. Exploring the placebo effect in this chapter, we'll see not only that beliefs and expectations affect how we perceive and interpret sights, tastes, and other sensory phenomena, but also that our expectations can affect us by altering our subjective and even objective experiences—sometimes profoundly so.

Most important, I want to probe an aspect of placebos that is not yet fully understood. It is the role that *price* plays in this phenomenon. Does a pricey medicine make us feel better than a cheap medicine? Can it actually make us *physiologically* better than a cheaper brand? What about expensive procedures, and new-generation apparatuses, such as digital pacemakers and high-tech stents? Does their price influence their efficacy? And if so, does this mean that the bill for health care in America will continue to soar? Well, let's start at the beginning.

PLACEBO COMES FROM the Latin for "I shall please." The term was used in the fourteenth century to refer to sham mourners who were hired to wail and sob for the deceased at