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Is Coronavirus unprecedented?

A brief history of the medicalisation of life

David Martin Jones
and Emma Webb



THE COVID-19 REVIEW

How Britain responded to the Coronavirus

Part Six

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A brief history of the medicalisation of life

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55 Tufton Street
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email: books@civitas.org.uk

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Authors

David Martin Jones is Visiting Professor in War Studies at King's College London and author of the recent book *History's Fools: The Pursuit of Idealism and the Revenge of Politics* (Hurst 2020).

Emma Webb is the director of the Forum on Integration, Democracy and Extremism (FIDE) at Civitas, and editor of *Islamophobia: An Anthology of Concerns* (2019). Emma was formerly a research fellow at the Centre on Radicalisation and Terrorism at the Henry Jackson Society (HJS). Emma has featured on national and international media, and has written for *The Times*, *Daily Telegraph*, *Independent*, the *Spectator*, among others. She has an MA in Theological and Religious Studies from Trinity College Cambridge, and an MA from King's College London (KCL).

Summary

The coronavirus declared a pandemic by the World Health Organisation (WHO) in March 2020 has, for the most part, been spoken of as unique, exceptional and unprecedented. Relatively few voices have tried to remind the public that there is nothing particularly *novel* about disease in the human experience or that we are desperately in need of some historical perspective.

This historical overview tries to set Covid-19 in context. It also reveals the extent to which the exaggerated pursuit of national health has resulted in a dangerous condition of ‘cultural iatrogenesis’. Iatrogenesis occurs when societies capitulate to ‘professionally organised medicine that has come to function as a domineering moral enterprise’ and which advertise their bureaucratic expansion as ‘a war against all suffering’. This is not of course to say that suffering sickness is good and should be preserved, but rather that societies coming under the control of total healthcare regimes also suffer and suffer in ways they no longer have the authority or will to manage. This is the predicament that democracies, post Covid-19, will, we conclude, have to confront.

Despite individuals being healthier and living longer, there is a sense that our general well-being is under constant threat from the air we breathe to the food in our shops. The prevailing age of infectious disease has given way to the era

of chronic disorder. Longer life means prolonged time in care homes and medicine becomes more open to criticism. National health, in one sense, is in danger of becoming a hollow achievement.

One of the many curious features of coronavirus, declared a pandemic by the WHO in March 2020, was the belief that the outbreak was unprecedented. The mainstream western media not only assumed its global impact unique, they also anticipated its consequences in a rhetoric that mixed the mawkish with the morbid and the apocalyptic. In an atmosphere of social hysteria, governments embraced an epidemiological prediction of death rates of 1 per cent of the West's population unless they locked down the economy, quarantined households and suspended all non-essential activity. This overreaction, rather than the virus itself, captures, we shall argue, the manner in which modern life has become medicalised. This development which over the course of the twentieth century came to treat the population as subject to an increasingly omniscient public health regime, is one of the more remarkable features of our contemporary condition.

Introduction

*'What has been will be again, what has been done will be done
again; there is nothing new under the sun'*

Ecclesiastes 1:9

*'All that a man could win in the game of plague and life was
knowledge and memory'*

Albert Camus, The Plague

One of the many curious features of coronavirus, declared a pandemic by the World Health Organisation in March 2020, was the belief that the outbreak was unprecedented. The mainstream western media not only assumed its global impact unique – they also anticipated its consequences in a rhetoric that mixed the mawkish with the morbid and the apocalyptic. In an atmosphere of hysteria, governments reinforced the sense of impending doom, embracing an epidemiological prediction of death rates of 1 per cent of the West's population unless they locked down the economy, quarantined households and suspended all non-essential activity. This overreaction, rather than the virus itself, captures, we shall argue, the manner in which modern life has become medicalised. This development which over the course of the twentieth century came to treat the population as subject to an increasingly omniscient public health regime, is one of the more remarkable features of our contemporary condition.

Historian Tom Holland observed in March that ‘various waves of infectious disease that struck the classical world are the stuff of dystopian science fiction, closer to 28 Days Later than to our experience of Covid-19’. In duration and devastation, and with the advantages of modern medicine, what we face today is far from uniquely terrible. ‘Covid-19’, Holland writes, ‘has nothing on the horrors of ancient plagues [...] our civilisation is not melting like a sandcastle before repeated waves of disease. Covid-19 will pass, and most of us will pull through’.

Holland’s confidence notwithstanding, American historian William H. McNeill, in his pioneering work on *Plagues and Peoples* (1976) observed nevertheless that:

‘It is always possible that some hitherto obscure parasitic organism may escape its accustomed ecological niche and expose the dense human populations that have become so conspicuous a feature of earth to some fresh and perchance devastating mortality’.

Reflecting on how plagues have been generally understood by historians, McNeill further noted that: ‘For them as for others, occasional disastrous outbreaks of infectious disease remained sudden and unpredictable interruptions of the norm, essentially beyond historical explanation’. Indeed, to the extent commentary on Covid-19 refers to past pandemics, it is to view them as discrete events with interesting but negligible contemporary relevance.

Indeed, when searching for precedents for the seemingly unprecedented impact of the coronavirus, commentators have settled on the Second World War, rather than previous pandemics, as an all-too-convenient reference point and model for contemporary social and political behaviour. As John Gray observes:

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‘the notion persists that pandemics are blips rather than an integral part of history. Lying behind this is the belief that human beings are no longer part of the natural world and can create an autonomous ecosystem, separate from the rest of the biosphere. Covid-19 is telling them that they cannot.’

A contemporary rationalist preoccupation with a very short view of the past and a much longer view of the future informs this otherwise perverse neglect of past pandemic events and the manner in which western governments and society have historically responded to them. Ironically, this nescience is one of the few things that is unprecedented about the current crisis. How, we might wonder, have societies reacted to pandemics in the past and are there psychological, social, political and economic responses from the past that repeat themselves in the present or alternatively, might past practice offer insight into our current predicament?

1.

Disease in history

To the extent that the media takes account of past pandemics, it is to invoke a vicarious sense of horror. Newspapers and periodicals have recalled *inter alia* the epidemic, described by Thucydides in his *History of the Peloponnesian Wars* that did so much to undermine the Athenian war effort in the early years of its campaign against Sparta, the Black Death (1348-50), the London plague of 1665, vividly described by Daniel Defoe in his *Journal of the Plague Year* (1720) and, more recently, the Spanish influenza outbreak (1918-20), the little understood pandemic that in the last months of the first world war may have killed between 40 -100 million people. Journalists recall these pandemics and their traumatic psychological effect upon popular consciousness to show the disruption and death they caused to societies with limited knowledge of microorganisms, their transmission or control.

Treating these epidemics as discrete infectious events nevertheless leads to some broad and perhaps questionable inferences. The Black Death, the most frequently cited pandemic that still lingers in popular consciousness, was responsible for the death of between a third and a half of the European population over several years between 1348-50. It affected, like all the pandemics we discuss, the poor and labouring classes disproportionately. The high death

rate amongst the rural peasantry and urban poor led to the decline of the manorial system and a fall in agricultural rents particularly in England and France. Labour shortages, despite measures like the Statute of Labourers (1352) to restrict movement, eventually led to a general increase in wage rates. To infer that a similar effect might be generated from the current pandemic, given its relatively low case fatality rate (CFR), however, is highly debatable. Similarly, to the extent the media analyses the impact of the Spanish flu pandemic, it is to show that although the lockdown as well as the death rate (especially in the US) was initially severe, the economy and the labour market recovered rapidly as the twenties roared.

One of the few studies to assess the comparative impact of pandemics over time, by economists from the Bank of San Francisco and the University of California, found that between 1348 and 2009 pandemics with a death rate in excess of 100,000 had a depressing effect on real rates of return on interest and a 'somewhat elevated' effect on real wages.¹ All pandemics negatively impact investment and take decades to work their way through the economy. Are there, we might wonder, similar comparative social, political and psychological effects that can be deduced from pandemic events over the longer term?

2.

The historiography of disease

Historians of medicine and disease have conducted broad and, in Roy Porter's case, finely detailed studies of diseases and their scientific, social and political effects over time. As Porter observed in his encyclopaedic study of the history of medicine, 'illness is not just biological but social. Concepts of the body and its sickness draw upon powerful dichotomies: nature and culture; the sacred and the profane'. Sick bodies possess 'eloquent messages for society'.²

Conceptions of the body shaped that most enduring of political metaphors, the body politic, found in Plato's *Republic*, Aristotle's *Politics*, and John of Salisbury's *Policraticus*. The nineteenth century 'father of modern pathology' and leader of the German Progressive Party after 1872, Rudolf Virchow, pathologised this metaphor when he wrote, 'medicine is a social science and politics nothing more than social science on a grand scale'.³

From this perspective, William McNeill in *Plagues and Peoples* (1976) considered human history evincing 'a precarious equilibrium between the micro parasitism of disease organisms and the macro parasitism of large bodied predators, chief of which have been other human beings'.⁴ In his best-selling *Guns, Germs and Steel: the fates of human societies* (1997) over 13,000 years, Jared Diamond presents human development as a Darwinian struggle

shaped by conquest, epidemics and genocide, in which the transmission of germs by conquering armies, notably the Conquistadores during the unequal Columbian exchange between South America and Europe, played a determining and neglected role in understanding the rise and fall of civilisations.⁵ Eurasian germs killed far more native peoples than European guns and steel.

Less sensationally, the French *Annales* school historian, Emmanuel Le Roy Ladurie, in his quantitative examination of mortality statistics in Europe, demonstrated how infectious diseases, notably the great plague pandemics of Justinian (541 AD) that swept through Merovingian Europe and the Middle East, the Black Death (from 1330 when it first emerged in China to 1350), the impact of smallpox visited upon the Inca and Aztec Empires of South America by the Spanish after 1492, as well as successive cholera outbreaks in the 19th century, have unified the globe through disease.

‘A large part of the human populations of the world, especially in Europe and America’, Ladurie writes, ‘perished between 1348-1600, in the flames of a microbial holocaust – causing loss of life on a scale serious in Europe, devastating in mainland America, and total, or near total, in the Caribbean’. Moreover, Ladurie concludes, ‘the spread of cholera in the nineteenth century is proof that the era of *microbial unification* is not yet over’.⁶

The macro historical impact of infectious diseases has been neglected in the post-historical aftermath of the Cold War. So, too, have the recurring themes that distinctive infectious diseases – from leprosy in the Old Testament, to plague in the fourteenth to the seventeenth century and cholera and tuberculosis in the nineteenth – evoked in the social imagination and the political responses to them.

The most predictable and enduring reaction to pandemic

disease, from Moses to Albert Camus' Father Paneloux in *The Plague*, is to consider it either a religious judgment on a wicked people or a test that the righteous must suffer and endure. According to the biblical Book of Habbakuk the Lord travels with 'pestilence' before him.⁷ In the Book of Exodus, the Lord informs Moses that He will pass over the congregation of Israel but smite their Egyptian hosts with plague.⁸ Elsewhere, Psalm 91 reveals that 'the Lord is my refuge and my fortress', trusting in him will 'deliver thee from the snare of the fowler, and from the noisome pestilence'. Consequently, 'thou shalt not be afraid for the terror by night; nor for the arrow that flieth by day, nor for the pestilence that walketh at night, nor for the destruction that wasteth at noonday'.⁹ Finding his bible open at this psalm, the narrator of Daniel Defoe's *Journal of the Plague Year* decides to remain in London. He keeps a record of the great plague that devastated the city in the summer of 1665, leaving grass growing in the locked down streets around Bishopsgate and killing a fifth of the population.¹⁰

The historic response to epidemic disease was a heightened preoccupation with religion, sin and salvation. Bede commented upon it in his *Ecclesiastical History of the English People* (731), Defoe observed it in London in 1665, Boccaccio and Machiavelli in the plagues of Florence in 1348 and 1527, and Camus in his fictional Oran in 1947. Writing his account of the experience of the first plague pandemic that swept early medieval Europe between 541-767, the venerable Bede describes the pestilence depopulating the southern parts of Britain and later attacking the kingdom of Northumbria, with 'cruel devastation... laying low a vast number of people' and causing 'equal destruction in Ireland'.¹¹

Surviving the plague assumed religious significance. Bede tells of the survival of one of two noble English brothers at

the Irish monastery of *Rath Melsigi*: ‘all their companions were carried off by the plague or scattered about in various places, while they themselves were both stricken by the same disease and were dangerously ill’, but one survived ‘stricken with remorse at the memory of his sins’, he wept, praying to God that he would not die before he could make amends and made certain promises to God, including vowing to live in exile from England.¹²

Not only did sinners flock to church and more especially to shrines dedicated to the plague saints Sebastian and Roch, but also, during the second plague pandemic to devastate Europe in 1348, to join new fanatical movements like the Brotherhood of the Cross, the flagellant sect that appeared in Germany in the summer of that year. The sect engaged in ritual flagellation in town marketplaces across Northern Europe and called upon the people to abandon their sinful lives and follow the cross.

The movement’s attachment to the more apocalyptic passages in the Book of Revelation that foresaw Christ coming down to rule for a thousand years over the saved made them an object of political concern. The Papacy declared the sect heretical in 1349. Religious enthusiasm also encouraged scapegoating, particularly of Jews who were widely accused of poisoning the population. Attacks on Jewish communities were, somewhat unsurprisingly, most common in Germany.¹³

The rapid and shocking mortality rate of infectious diseases also encouraged a preoccupation with Death, the pale rider of the Book of Revelation. An iconography of Death dominated the later middle ages, celebrated in murals depicting the Triumph of Death and Death’s Dance. This iconography endured and was vividly recalled in Bergman’s Cold War masterpiece *The Seventh Seal* (1956).

Fatalism could also engender psychological crisis denying God and a recourse to nihilistic self-indulgence. In seventh century Northumbria the people sometimes turned to older forms of religion for meaning. Bede writes that they ‘profaned the creed they held by wicked deeds and some of them too, in times of plague, would forget the sacred mysteries of the faith into which they had been initiated and take to the false remedies of idolatry, as though they could ward off a blow inflicted by God and the Creator by means of incantations or amulets or any other mysteries or devilish art’.¹⁴

A series of ‘mother earth’ responses to Covid-19 follow a variant of the pagan belief system. Seeking meaning in the crisis, influential media figures have – like Bede’s Northumbrians or medieval cultists – turned to a contemporary version of a neo-pagan belief system. In an interview on 22 March 2020, actor Idris Elba opined that:

‘It’s no surprise that our world is reacting to the human race.... This is almost like the world’s cry out [...] you’re kicking me. What you’re doing is not good, so I’ll get rid of you, as any organism would do, is try to get rid of an infection.’¹⁵

Elba’s host Oprah Winfrey concurred, ‘we all lose as human beings if we just think of this as a physical virus[...] It’s here to teach us...’.¹⁶

In a similar vein, the journal *Ecological Modelling* published an article entitled ‘Coronavirus outbreak is a symptom of Gaia’s sickness’.¹⁷ Another article published in *The Week* (5 March 2020) found that: ‘Where scientists and popular movements have thus far failed to convince the world to act, it seems that Mother Earth may have succeeded, with the never-before-seen COVID-19 virus’. The opinion piece concludes, ‘It’s time for us to wake up, listen to the primordial Earth goddess Gaia, and act.’¹⁸

According to Google Trends, worldwide searches for the term 'Mother Earth' rose sharply in the last two weeks of April and early May,¹⁹ with the term 'Gaia' spiking towards the end of March.²⁰ Similarly throughout March there was a marked increase in searches for 'apocalypse'.²¹ The *Daily Express* even ran the headlines 'Coronavirus: Fears Fourth Seal of Apocalypse broken as Bible warning of pestilence unfolds.' Nostradamus the sixteenth century seer made a comeback.²² Worldwide Searches for 'What did Nostradamus say about 2020?' saw a dramatic spike.²³

Somewhat differently, Boccaccio found that a number of fourteenth-century Florentines (like some premier league footballers today) rather than waiting for the end times, believed 'that to carouse and make merry and go about singing and frolicking and satisfy the appetite in everything possible and laugh and scoff at whatever befell was (one) very certain remedy for such an ill'.²⁴ Describing the plague that devastated the city two hundred years later, Machiavelli observed that:

'Florence, at the present, resembles a city that has been sacked by the infidels and afterwards abandoned. Some of the inhabitants... have retired to country villas to escape the deadly plague; some are dead and others are approaching death; so that while present circumstances offend us, the future threatens us; so as one struggles with death, one fears for one's life... The neat and beautiful streets, which used to be bursting with rich and noble citizens, are now stinking, ugly and swarming with the poor... The shops are locked, the businesses closed, the courts and the lawyers dragged away, prostrating the laws. Now one hears of this theft, now of that murder: the piazzas and markets, where the citizens used to be in the habit of gathering frequently, are now made into communal graves, and vile dens of thieves.'²⁵

One hundred and fifty years on from Machiavelli, Daniel Defoe found that whilst ‘the better sort first took alarm hurrying themselves’ out of London, as ‘if all the city was running away’ to self-isolate on their country estates, some who remained, like ‘the dreadful set of fellows’ who frequented the Pye Tavern in Houndsditch, behaved ‘with all the revelling and roaring extravagances as is usual for such people’.

‘They sat generally in a room next the street; and, as they always kept late hours, so when the dead-cart came across the street end to go into Houndsditch, which was in view of the tavern windows, they would frequently open the windows, as soon as they heard the bell, and look out at them; and, as they might often hear sad lamentations of people in the streets, or at their windows, as the carts went along, they would make their impudent mocks and jeers at them, especially if they heard the poor people call upon God to have mercy upon them.’²⁶

Boccaccio concluded that ‘the sore affliction and misery’ of epidemic disease, undermined ‘the reverend authority of the laws both human and divine’.²⁷ Those who survived the Black Death gave themselves up to a ‘more shameful and disordered life’.²⁸ Boccaccio, like Machiavelli, Defoe and Camus after him, tried to record lessons from the popular response to plague for posterity. In this they followed the example set by Thucydides who first attempted to inform future generations of what to expect when an epidemic overwhelms a city-state like Athens (430BC).

Thucydides described in detail ‘what sort of thing it was’, specifying its symptoms and analysing the process by which the contagion spread. Thucydides observed, as did Boccaccio, Machiavelli and Defoe, ‘the despair into which people fell, when they realised that they had caught the

plague for they would immediately adopt an attitude of utter hopelessness'. The catastrophe 'was so overwhelming that men not knowing what would happen next to them, became indifferent to every rule of religion or of law'. Funeral ceremonies, whether in ancient Athens, medieval Florence or early modern London 'became disorganised'.²⁹ Whilst the Athenians resorted to throwing bodies onto funeral pyres the magistrates of medieval Florence and seventeenth-century London consigned the dead to plague pits like the one Defoe describes in Aldgate.

3.

Reason, medicine and epidemics

It was Thucydides who ‘with greater precision than the medical profession would achieve for nearly two millennia thereafter’ identified for the first time ‘two processes of profound importance: person-to-person transmission and specific acquired immunity’.³⁰ His realistic precision not only informed his politics and statecraft but also reflected a distinctively Greek approach to knowledge of the healthy physical as well as social body, its humours and its balance. Hippocrates (460-377), Thucydides’ contemporary, developed in his collection of cases a patient-centred healing system founded upon natural philosophy and reason independent of magic or supernatural speculation.³¹ The *Corpus Hippocraticum* included seven books devoted to Epidemics (*Epi Demos*). Hippocrates not only coined this term for those diseases that fall upon a people or circulate within a country, and that invariably, like the Athenian pestilence or later bubonic plagues, arrive from the East, he also described the environmental and temperamental factors that determined their outcome.³² The sceptical Roman philosopher, Lucretius (50 BC) subsequently considered pestilence part of *De Rerum Natura* (The Nature of Things). He thought the Plague of Athens a:

mortal miasma in Cecropian lands / Which reduced the plains to dead men's bones / Unpeopled highways, drained of citizens / The Athenian town. For coming from afar / Rising in the lands of Aegypt, traversing reaches of air and floating fields of foam, At last on all Pandion's folk it swooped.

In a more scientific vein, Galen, the most prolific Roman clinician, 'perfected' Hippocrates, rendering the corpus more logical, scholastic and anatomical. He contributed a new emphasis on the pulse and blood-letting to restore the bodily humours to equilibrium. This corpus adapted to the Muslim world from the eighth century through the contributions of Averroes, al Razi (Rhazes) and Avicenna. Moslem medicine also added the use of drugs (a word of Arabic coinage). This Galenic worldview amplified by astrology, astronomy and Thomist scholasticism informed the medieval and early modern plague doctor's diagnostic approach to bubonic plague as well as other endemic diseases like yaws and leprosy. One of the pilgrims accompanying Chaucer to Canterbury a few decades after the Black Death included a:

'...Doctour of Phisyk / In al this world ne was ther noon him lyk / to speke of phisik and of surgerye; / for he was grounded in astronomye... / He knew the case of everich maladye, / were it of hoot or cold, or moiste or drye, and where engendered, and of what humour, / he was a very parfit practisioner'.³³

'Parfit practisioners', however, were not much use in controlling the spread of infectious diseases like the plague. Marginally more effective perhaps were the religious orders that had founded hospices and hospitals for the poor, the sick and the needy. Crusading orders like the Knights of St John established foundations catering for pilgrims *en route*

to Jerusalem in the twelfth century. By the late thirteenth century Paris had its Hotel De Dieu and London its St Bartholomew's and St Thomas's hospitals.

During the plague era that lasted in Europe until 1720, hospitals could be turned into *lazarettos* or pest houses, catering for those suffering from what came to be recognised as contagious diseases carried along trade routes to European port cities like Venice, Genoa, London, Amsterdam and Marseilles. It was the wealthy trading city states of Renaissance Italy that first developed public health commissions comprised of nobles and public officials to address 'the culture of poverty, dirt, promiscuity' and over-population in which plague thrived, or what Ladurie described as that fatal medieval *menage a trois* between the black rat (*Rattus rattus*), the flea (*Pulex irritans*) and man.³⁴

Venice and Florence established boards of health as early as 1348. By the early fifteenth century, Milan had developed a permanent magistracy for monitoring and regulating civic health. These developments followed the growing recognition that disease came from the outside and along trade routes. The first isolation of shipping occurred in the Venetian Adriatic colony of Ragusa in 1377, and the quarantine of suspect maritime commerce developed from there.³⁵ In 1374, Milan and Mantua also introduced controls on overland commerce, the beginning of more rigid border regulation and *cordons sanitaires* in the following centuries. In 1374, in Milan again, the *contacts* of those infected, as well as the sick themselves, were isolated, and between 1450 and 1470 many of the city-states of northern Italy set up isolation hospitals, *lazzaretti*, in further attempts to prevent contagion. By the seventeenth century, an administrative programme was in place in most large cities which could be adapted for use against an epidemic threat. Defoe comments favourably

on the Lord Mayor's efficiently organised lockdown of the City of London and isolation of the sick in July 1665. The Mayor quickly appointed examiners for every parish and appointed two watchmen to each 'infected house'.³⁶

The administrative attack on contagion developed, then, from the late fifteenth century in western Europe. It owed much to the association of plague with poverty and it may also have owed something to the observation of subsequent epidemics, like typhus, smallpox and, in the nineteenth century, tuberculosis and cholera. As Paul Slack observed, the public health model of government 'came late, and as the result of a learning process'.³⁷

4.

The state of disease and early modern statecraft

As we have seen, pre-modern thinkers viewed sickness and pestilence as an essential feature of human existence. Hildegard von Bingen (1098-1179), in *Causea et curae*, wrote that 'when Adam violated the divine command, in that very moment melancholy was coagulated in his blood'.³⁸ In *Dragmaticon* (Strasbourg, 1567) William of Conches (c. 1085-1154), wrote, 'perfect health has never been found in man since that time [the Fall]'.³⁹

With the Fall assuming particular importance in the seventeenth century,⁴⁰ Peter Harrison writes, 'most seventeenth-century Protestant writers were concerned to stress the fact that Adam's lapse was accompanied by more than just a proneness to moral and intellectual error. The Fall was held to have wrought collateral damage in the physical realm as well, and this meant that Adam's body, as well as his soul, bore the burden of his guilt'.⁴¹ George Burches, a Puritan cleric described original sin as 'a pestilent infection universally dispersed over all the faculties both of body and soul'.⁴² Mortality and pestilence were simply viewed as a necessary part of normal human experience.

However, it was in the seventeenth century that paradigms first began to shift, beginning with Francis Bacon's vision of a *New Atlantis* (1626). 'Francis Bacon's project to reform

philosophy', Harrison writes, was motivated by an attempt to determine whether the human mind 'might by any means be restored to its perfect and original condition, or if that may not be, to a better condition than that in which it now is'.⁴³ Bacon and his erstwhile amanuensis, the materialist philosopher Thomas Hobbes, (1588-1679) attacked the Hippocratic, Aristotelian and Thomistic view of nature and natural law, arguing instead for human mastery over nature.⁴⁴ Whereas pre-modern political thought understood the human being as part of a 'comprehensive natural order', with a fixed purpose given by nature,⁴⁵ the new scientific rationalism displaced the idea of a natural order to which humanity was subject. Instead, it 'inaugurated a transformation in the natural and human sciences and humanity's relationship to the natural world'.⁴⁶

Renaissance and early modern thinkers 'insisted that man should employ natural science and a transformed economic system to seek mastery of nature', and later historicist schools of thought, particularly during the 19th century, 'replaced belief in the idea of a fixed human nature with belief in human 'plasticity' and capacity for moral progress'.⁴⁷ This had a profound impact on medicine and the scientific perception of man's relationship to nature. It was in the course of this learning process that medicine and science broke decisively with the Galenic and Scholastic tradition, applying the new empirical science and the resolutio-compositio method promoted by Descartes, Bacon, Galileo and Gassendi to the understanding of the human body.

It certainly was the case that pre-modern thinkers of the classical and Christian eras viewed sickness and pestilence as part and parcel of human existence, one of the stages in a life process culminating in 'the good death'. All this, however, began to change during the Renaissance. Neo-

platonists, like Pico della Mirandola, wondered what man's release from a determinist chain of being might mean. 'What a great miracle is man,' Pico wrote, 'the intermediary between creatures...familiar with the gods above him, as he is lord of the creatures beneath him'. In this humanistic spirit, Thomas More imagined Utopia, 'no place', where 'there's never any excuse for idleness'. More's society of perfect happiness was also one of complete surveillance where 'everyone has his eye on you'. In a similar vein, Francis Bacon conceived a New Atlantis where Salomon's house or the scientific College of the Six Days Works, would find 'out the true nature of all things.' Humanism, represented by the empirical materialism of Francis Bacon and Thomas Hobbes and the new scientific method of Descartes and Gassendi promoted human mastery over nature undermining in the process the Aristotelian and Thomistic understanding of nature and natural law.

Whereas pre-modern political thought understood the human being as part of a 'comprehensive natural order', with a fixed purpose given by nature, scientific reasoning progressively displaced the idea of a natural order to which humanity was subject and 'inaugurated a transformation in the natural and human sciences and humanity's relationship to the natural world'. The scientific revolution and the eighteenth century Enlightenment reinforced this quest. Mary Shelley's *Frankenstein; or, The Modern Prometheus* (1816) captured the boundary-freeing dream of science which also came to address the growing irrelevance of God. The modern scientific project of human liberation from the tyranny of nature framed as an effort to 'master' or 'control' nature, or as a 'war' against nature would provide the tools for its subjugation at the hands of humans.

This paradigm shift in self-understanding profoundly

affected the practice of medicine, the treatment of the human body as an object to be both dissected and analysed and the popular perception of man's relationship to nature. Unlike the pre-modern world, our surprise at the incomprehensible virus may be the result of this perception of human beings as something outside of nature and dominant over it.

This sense of the possible conquest of nature, disease and death began at the Renaissance but it was only with the late-nineteenth-century scientific developments in microscopy and bacteriology, followed by the twentieth-century advances in antibiotics that its conquest became not only feasible but a fact of life in the developed world.

However, it was *raison d'état* and the new science of politics associated with Machiavelli, Bodin and Hobbes, rather than any new medical insight, that came to inform the new administrative campaigns against epidemic diseases, as well as other forms of internal and external threat. Sovereign states, with pretensions to absolute power, emerged from the disintegrating cocoon of Christendom in the era of religious enthusiasm and confessional strife that beset much of Europe from 1517-1648.⁴⁸

By the mid-seventeenth century, plague, typhus, syphilis and smallpox were endemic, the population in decline and trade in disarray. Historians have for several decades debated whether a little ice age devastated the economy causing a global crisis, or whether Europe suffered from a distinctive 'general crisis'.⁴⁹ Whatever else, the century witnessed European warfare on a continental scale, famine, poverty and, of course, epidemic disease. Bubonic plague followed in the train of Wallenstein's imperial troops.

War disrupted trade and displaced people carried infection with them. Peter Wilson's comprehensive overview of the human and material costs of the Thirty Years' War (1618-48),

concludes that ‘disease was the main killer’. The first major plague epidemic occurred in Bavaria in 1622-3. Three others followed between 1625-50. Typhus and typhoid fevers also appeared on the scene. Bubonic plague, however, was ‘responsible for most of the mortality’. Wilson writes, ‘the frequency and scale of outbreaks after 1618 suggests a pandemic where the infection ebbed but never completely disappeared’. By 1650, the population of Munich had fallen from 22,000 in 1618 to 14,000.⁵⁰

Jan de Vries, evaluating the European economic collapse of the seventeenth century argues that rather than ‘a crisis provoked by *endogenous* processes, unique to the technologies, institutions, and reproductive practices of particular societies, the seventeenth-century demographic crisis appears to have had a proximate cause that was *exogenous* – infectious-disease vectors possessing a history of their own, and before which societies stood powerless’.⁵¹ The process, he maintains, decentred and re-centred the European and world economies. It saw the decline of the Mediterranean world and the rise of the maritime Atlantic trading states, the Dutch Republic and England, as well as absolute monarchies dominating continental Europe, from France to Czarist Russia.

5.

The pathological gaze and the birth of the clinic

Significantly, it was enlightened despots like Frederick of Prussia and the Hapsburg Emperor Joseph II that promoted rational administration to improve the hygiene and health of their people. Physicians became state functionaries. Frederick created a medical police to administer everyday life and states across Europe sought to control the movement of people seen as potential disease carriers. The last European plague outbreak occurred in Marseilles in 1720. A *cordon sanitaire* along the Hapsburg border with the Ottoman Empire halted its spread later in the century. By contrast, Moslem passive acceptance of the 'great annihilation,' that accompanied endemic plague, hastened Ottoman decline.

Enlightenment rationalism in science and politics, by contrast, achieved a major medical breakthrough in the eighteenth century first with inoculation and then with Edward Jenner's new vaccination against smallpox. Napoleon vaccinated his *grande armée*. This, however, failed to prevent typhus decimating its ranks during its retreat from Moscow in 1812.

Rationalism, war and revolution encouraged a new scientific medicine undertaken by state appointed physicians. Napoleonic France led the way. The church

lost its oversight of hospitals and public hospitals like the Hotel de Dieu and Salpêtrière now served the nation. A new cadre of professional physicians like Xavier Bichat and Rene Laennec pioneered the clinic, the medical gaze and a new attention to disease centred medicine. Laennec invented the stethoscope and developed a radical diagnostic insight into internal diseases like tuberculosis or consumption- the white plague.⁵²

The new pathology considered death and disease the essence of medical enquiry. 'Life', wrote Bichat, was merely 'the sum of all functions by which death is prevented'.⁵³ The patient became 'a thing' subjected to the clinician's objective gaze. Clinical observation of disease and death preoccupied the Paris school. It influenced medical teaching across Europe.

As Roy Porter explains, 'the pathological gaze penetrating the diseased body' and the new microscopy practiced later in the century in the laboratories run by Pasteur, Virchow and Robert Koch applied rigorous scientific method to the whole medical enterprise.⁵⁴ In George Eliot's *Middlemarch*, set in the 1830s, the ambitious, Paris-trained doctor Tertius Lydgate arrives in town advocating Bichat's approach to diagnosis to sceptical locals. Elsewhere in the UK new teaching hospitals like University College and King's College in London trained a generation of practitioners in scientific medicine. The Royal Colleges licensed them. Journals like *The Lancet* (1823) kept them informed. Eventually, the British Medical Association (1855) and General Medical Council (1858) standardised professional practice. There were 15,000 doctors in 1859 and six times that number a century later.

6.

Choleraphobia and the evolution of the public health state

Notwithstanding the expansion and standardisation of medical science and practice in the nineteenth century, the new profession had negligible impact, smallpox apart, on infectious diseases like tuberculosis, typhus, typhoid, and, from the 1830s, cholera. The industrial revolution, first in England and then across western Europe and the United States, not only generated wealth and a rapid growth in population; it also spawned industrial slums. A population explosion brought with it, as Thomas Malthus wrote in his *Essay on Population* (1796) the renewed threat of famine, pestilence and war. The more populous future, the parson prognosticated, promised successive subsistence and health crises.⁵⁵

By the 1850s, the majority of the UK population lived in towns. Social novelists like Gaskell and Dickens described their filth, poverty and squalor. The dangerous and perishing classes that inhabited them became an object of concern not only for science but also for the developing administrative state, both as a political threat, and also as a source of infectious disease. Dickens' description of the slum hard by Chancery Lane captures the amorphous character of the fear:

‘Jo lives – that is to say, Jo has not yet died – in a ruinous place known to the like of him by the name of Tom-All-Alone’s... There is not a drop of Tom’s corrupted blood but propagates infection and contagion somewhere... There is not an atom of Tom’s slime, not a cubic inch of any pestilential gas in which he lives, not one obscenity or degradation about him, not an ignorance, not a wickedness not a brutality of his committing, but shall work its retribution through every order of society upto the proudest of the proud and the highest of the high.’⁵⁶

Dickens accepted the prevailing scientific thinking of the time that infectious disease spread through environmental factors. Miasmas and pestilential gases emanating from the industrial slums bred the ‘putrid fevers’ typhoid, measles and mumps. Fevers colonised the new conurbations but also brought new and disturbing invaders like cholera. Endemic to the Indian sub-continent, cholera went global on the wings of British trade in the nineteenth century.⁵⁷

It moved rapidly along the railways, which were the main arteries of the rapidly expanding commerce of the nineteenth century. As it arrived in the mushrooming towns and cities of a society in the throes of rapid urbanisation, it took advantage of overcrowded housing conditions, poor hygiene and insanitary water supplies with a vigour that suggested these conditions might almost have been designed for it.

Cholera might also have been designed to achieve maximum political as well as medical impact. There could be few more violent affronts to Victorian *amour propre* than the grossly physical symptoms of a cholera attack. At a time when European high culture from the Pre Raphaelites to Thomas Mann celebrated ‘the beautiful death’, with diseases like typhoid or tuberculosis accorded a transforming influence on their victims, whether the poet Keats or Mimi

in *La Boheme*, here was an affliction that killed rapidly and with symptoms that could only be considered degrading.⁵⁸

The disease spread in a series of pandemics. The period 1826-37 saw cholera sweep across Europe and North Africa and over the Atlantic to the eastern seaboard of North America. It returned in a series of waves of declining intensity in 1841-59, 1863-75, and 1881-96. When it arrived on the European continent, most regimes dusted off their files on bubonic plague and put traditional policing measures into operation: military *cordons sanitaires*, quarantine, fumigation, disinfection, isolation.

The resources at the state's disposal were now more powerful than they had been a century before, and their impact on the population far greater. Moreover, decades of war, the impact of the French Revolution and the rise of radical democratic political movements had all left a mark on popular consciousness. During the first cholera pandemic, Prussian and Russian peasants attacked *cordons sanitaires*, murdering those trying to set them up.⁵⁹

Military cordons and the restriction of movement not only prevented people from escaping the scene of the epidemic, they also interfered with their livelihoods, interrupting the flow of goods and produce to and from local markets. Above all they cut off or drastically reduced the supply of food and essential goods to urban populations. In Königsberg in East Prussia in July 1831, disturbances broke out after food prices rose dramatically following the imposition of a military *cordon sanitaire*.

Cholera also crystallised an increasingly bitter scientific controversy over the origins of infectious disease. Radical anti-contagionists like Edwin Chadwick and James Kay Shuttleworth in England and Max von Pettenkofer and Rudolf Virchow in Germany maintained that local environments

were decisive in an epidemic outbreak, not the presence of a causative agent which could be transmitted from one place to another. An English reform minded, free trading radicalism informed the anti-contagionist perspective. It shared an affinity with what were, at that time, ‘advanced’ physiological accounts of disease processes. It also provided a means by which liberals could reject reactionary quarantine measures and other autocratic military or quasi-military interventions. Anti-contagionism in Britain – with its emphasis on the local environmental factors of disease control – rapidly assumed the characteristics of a social movement. By the time cholera arrived in Europe, anti-quarantinists condemned quarantine as useless, a nuisance to trade, and obnoxious to growth.⁶⁰

In its first phase, cholera defined political extremes. On the one hand, Russia, Austria and Prussia imposed the strict quarantine practices (sealing borders, isolating travellers, sequestering the sick and seeking to break chains of transmission in the way traditionally employed against the plague). On the other, the sanitationist approach adopted in Britain and France adopted a less authoritarian, public health approach to the spread of infection. Disease was viewed as the product of decomposition, concentrated in the least sanitary areas.

Cholera, a ‘revolutionary infection’, swept across Europe again in the revolutionary year of 1848. The French political scientist Andre Siegfried even argued that epidemics and ideologies spread in the same way. Faced with cholera riots and the threat of revolution most European states abandoned military cordons, quarantine and other policing measures. Fear of popular disturbances, rather than disease, played a major role in this change of heart.⁶¹

As early as 1831, the Prussian authorities conceded

that military cordons caused economic difficulty. The fear of what cholera might do to trade increasingly affected state policy. In relaxing lockdowns, European authorities also gave way to pressure from merchants, traders and manufacturers. These in turn were not slow to raise the spectre of 'the labouring classes' deprived of a living and driven to desperation. After 1848, where mercantile interests were paramount, the state withdrew almost entirely from the fight against cholera.

Nineteenth century radical social reformers, in particular, recognised that the state required effective public health measures, but not the crude recourse to quarantine and cordon stopping trade. Disease defined the modern liberal approach to public health and sanitation. Utilitarians like Edwin Chadwick and Southwood Smith, who drove government thinking on urban policy during the 1840s, believed sickness bred poverty. Drains, cesspools, refuse and slaughter-houses arose independently of the intemperate habits of the poor. They were public matters that could be targeted for political action. From the sanitationist perspective, epidemic disease was the product of dirt and decomposing matter. It was concentrated in towns and especially in their least sanitary districts. In London in 1849 and 1853-54, cholera mortality rates in the poor districts of Bermondsey and Rotherhithe were between six and twelve times as high as they were in wealthier areas such as Kensington and Westminster.

It could be remedied, utilitarians argued, not by medical intervention or quarantines but by public health policy and civil engineering. The new Poor law amendment Act (1834) combined with public health and education were Kay Shuttleworth's recommendations for improving *The Moral and Physical Condition of the working class* (1832). The

social cost of ill health converted Chadwick to 'the sanitary idea' and the need to create a central public health authority directing local boards of health in the provision of drains, drinking water and sanitary regulation. Chadwick's report on the sanitary condition of the labouring population of Great Britain 1842 led to the first British Public Health Act (1848). In other words, the new sanitary ideas, associated with anti-contagionism, produced an effective programme for government action.⁶² In Germany two decades later, Virchow, following English utility, argued that epidemics were symptoms of a general malaise. The answer was 'political medicine': the improvement of social conditions. Only democracy, the leading German pathologist argued, could prevent epidemics.⁶³

Interestingly, utilitarian public health advocates rejected the findings of early epidemiologists and statisticians like John Snow and William Farr. In 1854, Snow had traced an outbreak of cholera in Soho to a water pump in Broad Street. He argued in evidence given to a House of Commons Select Committee that cholera was a water-borne contagion, not a local environmental miasma. Parliament rejected his modelling. In an 1858 report to the General Board of Health, the architect of the UK's public health system, Sir John Simon, dismissed Snow's 'peculiar doctrine as to the contagiousness of cholera'. The report found 'Dr Snow's illustrations are very far from proving his doctrine: but they are valuable evidence of the danger of drinking faecal water'.⁶⁴ It was only when Robert Koch decisively proved the link between the water borne comma bacillus and cholera in 1885 that Snow's pioneering epidemiology received the credit it deserved.

In other words, the new sanitary infrastructure that improved the living and working conditions of the labouring

classes of London and the industrial towns of the North was a triumph of civil engineering not epidemiological modelling. By the 1870s the UK had developed a comprehensive regulatory infrastructure overseeing public health and infectious disease. Ironically, the utility-influenced governments of Peel and later Gladstone got the right public health outcome both for the economy and the working classes but not for the reasons set out by epidemiologists.

Sanitationist views – with their concentration on epidemic disease as the product of dirt and decomposing matter – also prevailed in the first attempts to organise an international response to the cholera pandemics. Cholera was an international problem in an era of global trade. The disease travelled at speed along the new networks of rail and shipping communication without respecting borders. Yet what governments found particularly irksome were quarantines and cordons and their ‘often disastrous hindrances to international commerce.’ It was this concern that prompted European governments to meet to discuss ‘to what extent these onerous restrictions could be lifted without undue risk to the health of their populations’.⁶⁵ If cholera and its prevention were international concerns, they required an international solution.⁶⁶ The first International Sanitary Conference convened in Paris in 1851. Fourteen international conferences were held before 1938 and they formed the background to the formation of the World Health Organisation in 1945 and its subsequent remit to assess infectious disease and declare pandemic threats.

It was only at the seventh international conference in 1885 that a scientific consensus emerged. In 1884, Robert Koch had identified and isolated the distinctive cholera comma bacillus. Withdrawal of the state from the medical policing of epidemics that characterised the half-century after the

arrival of cholera on the European continent ended with the rise of bacteriology and the discovery, by Koch in Berlin and Louis Pasteur in France, of the microorganisms that spread infectious disease.

Under Koch's influence, European governments, drawing on previous administrative practice but now acting under medical instruction, instituted massive preventive campaigns of quarantine, disinfection and the isolation of victims. Resistance to the new interventionism, like that offered in Hamburg before the cholera epidemic of 1892, was swept aside. The creation of professional police forces in the aftermath of the 1848 revolutions, the general process of centralisation that had taken place over the nineteenth century, the growth of rapid communications in the form of railway networks, and the general increase in the resources available to the European state, meant that such measures were infinitely more effective in the 1890s than they had been sixty years earlier.

7.

War, revolution and disease

From the late nineteenth century, recourse to quarantine, sanitary cordons and isolation even under medical guidance rarely affected European politics. The last bubonic plague pandemic swept China and reached Bombay, San Francisco and Sydney, but it failed to trouble Europe. Even the influenza pandemic of 1918, occurring as it did during the final offensives of the first world war, saw little recourse, outside the United States, to lockdowns or quarantines. Like the Peloponnesian or Thirty Years' War, infectious disease was an all too familiar, yet largely neglected, corollary to international warfare.

Indeed, ever since Thucydides described the destabilizing effects of pestilence on the Athenian war effort in 430 BC and the blame Pericles suffered as a result, commentators have consistently observed the social, economic and political disruption pestilence, and the responses to it, caused.⁶⁷ Smallpox, pneumonia, tuberculosis and typhoid quadrupled the Parisian death rate during the German siege of 1870 and formed the viral *mis-en-scene* to the Paris Commune of 1871.⁶⁸

As the modern state developed its administrative capacity, politicians knew from centuries of experience, the devastating economic impact quarantines wreaked on the population especially the poor. In the wake of

the French revolution and aware of growing popular enthusiasm for democracy, ruling elites, in the century of revolution, recognised how restrictions on trade and industry engendered social tension. Resistance to *cordons sanitaires* destabilised the autocracies of Europe and formed the backdrop to reform movements in England and France in the 1830s. The European year of revolutions 1848 also coincided with widespread cholera riots. There was, it seemed, a miasma haunting Europe and it was that of infectious disease provoking popular rebellion. Nineteenth century social reformers, autocrats and revolutionaries were therefore acutely aware of the social and political consequences of quarantine regimes and imposed them with great reluctance because of their potential for unrest, riot and rebellion. Nineteenth century sanitationists would have correlated the violence of the June riots that erupted across United States in the wake of the death of an African American in police custody with the disruptive social and economic impact of the economic lockdown that preceded the rioting in March. Why, we might wonder, did western governments embark on a policy of lockdown to arrest a mild contagion without attending to the historic social and political effects of such policies? How did public health and epidemiology override all prudent considerations of general economic and social wellbeing?

8.

Modernity, the microbe and the medicalisation of life

Part of our startled overreaction to the current virus reflects the relatively recent change in how society views the individual in relation to nature. 'The modern scientific project of human liberation from the tyranny of nature' has since the seventeenth century been framed as an effort to 'master' or 'control' nature, or as a 'war' against nature in which its study would provide the tools for its subjugation at the hands of humans.'⁶⁹ More particularly, the very success of science in mastering infectious diseases in the century between 1880 and 1980 gave a new political authority to the medical gaze that came in time to pre-empt economic or political calculations, in a way would have struck the more prudent nineteenth century political mind as both dictatorial and dangerous.

In 1880, the Liberal MP and scientist Lyon Playfair predicted that society would in time 'become a well-behaved patient and public health a great field open to growing medical men'.⁷⁰ The twentieth century witnessed its ambiguous realisation. The bacteriological revolution pioneered in the laboratories of Pasteur and Koch that isolated the anthrax, rabies, smallpox, cholera, tuberculosis, and, in 1894, the plague bacilli announced a new era of scientific progress and the potential for the medical control

of infectious disease. It endowed medical science with a new authority, access to government funding and bequests from charities like the Rockefeller Foundation or the Wellcome Trust. Prestigious research institutes like the Pasteur Institute in France, the Robert Koch Institute in Germany, Imperial College of Science and Technology in London and Johns Hopkins University in Philadelphia developed, refined and applied scientific laboratory findings. By the early twentieth century scientists had isolated the polio and mumps viruses, although the virus, what the Nobel Prize winner Peter Medawar described as ‘a strip of nucleic acid surrounded by bad news’, remained somewhat elusive.

Meanwhile, the pharmacological revolution that Alexander Fleming’s discovery of penicillin announced and the subsequent mass manufacture of antibiotics by drug companies after 1945 seemed to presage the end of infection. By the 1950s, medicine’s triumph over infectious disease was increasingly taken for granted. *The Conquest* series of UK medical texts included titles like *The Conquest of Tuberculosis*, *The Conquest of Disease* and even *The Conquest of the Unknown*. In the century from Koch to mass-produced antibiotics one of the ancient dreams of medicine had come true. Reliable knowledge of what caused epidemics facilitated their prevention and cure. In the general euphoria some hard truths about the evolution of parasitic micro-organisms, viruses and their human hosts were too easily forgotten. In retrospect, the period between Pasteur and Fleming may one day be nostalgically recalled as an anomalous exception in medicine’s Sisyphean labour to stave off a microbial holocaust.⁷¹

After 1945, WHO programmes of disease eradication reinforced the authority of science and the medicalisation of life. Modern democracies assumed the health and welfare

of the people integral to the post war social contract. Health was an incontrovertible good that appealed across the electorate. After 1945, the National Health Service provided universal health care for all UK citizens. Developing and developed states embraced various forms of health care insurance. Medical health became central to the new therapeutic bureaucracies that managed their populations in depth and detail.

By the 1970s infectious diseases like plague, cholera, typhus, tuberculosis, polio and diphtheria no longer troubled populations in the developed world. In 1979, the WHO declared smallpox eradicated as an infectious disease. This achievement, as Roy Porter showed in his seminal history of medicine, obscured how in the process of eliminating infectious disease we had come to medicalise modern life. Modern democratic polities after 1945 embraced national health as a universal good. Nowhere was this more the case than in the UK, where the NHS became a political shibboleth. Health, as the response to coronavirus has vividly demonstrated, trumps all other social goods – economic, concerning civic liberty or universal education – in a manner that would have baffled both the classical world and nineteenth century liberal reformers.

By the 1980s, however, the medical establishment had evolved into an unwieldy Leviathan comparable to the similarly sclerotic civil service. Medical power lies in the hands of Nobel Prize-winning researchers, presidents of prestigious medical schools and the boards of multi-billion dollar hospital conglomerates and pharmaceutical companies. In many states, health became the largest single employer, incompletely incorporated in the public domain. The politics of medicine became a governmental priority. As a result of what Sir William Osler in 1900 termed its ‘singular

beneficence', health care claimed a privileged autonomy. Yet its anxious protection of its status, concealed its dependence as an institution on the market and the state for its funding.

This medical Leviathan, over time, eroded the autonomy of the individual. With the birth of the clinic, scientific medicine first reduced the sick person to a patient, a pathological body beset with disease. This disappearing act of the autonomous self, continued over the next two centuries, reducing the patient, in the process, to an element in equations dominated by economics, diagnostic technology, systems analysis, epidemiological modelling and, most recently, the elusive R factor.

The emerging medical totalitarianism intervened in all branches of life. A growing preoccupation with chronic disease meant physicians increasingly exercised a new ability to prolong life. The good death the *ars moriendi* as a stage in the life process, yielded to a new medical technocracy. The health professional could render the infertile fertile, prevent pregnancy, abort life and revive the dead.

Conclusion

This medicalisation of life in the last hundred years is one of the most remarkable features of our post-historical world. Until the twentieth century the role of clinical medicine in the improvement of health was minute. Whether populations grew or shrank had little to do with medicine despite its best efforts. That changed utterly after 1945, and in not very well-understood ways. But if medicine expanded almost beyond the bounds of imagination, the euphoria of the age of penicillin and the pill has turned, since the end of the Cold War, into dependence and anxious insecurity. The medicalisation of life has transformed society and rendered it culturally iatrogenic, installing medicine as a domineering moral enterprise.

Despite being healthier and living longer, there is, Roy Porter wrote in 1997, 'a pervasive sense that our well-being is imperilled by threats from the air we breathe to the food in the shops'.⁷² In a media addicted to scaremongering, today's headlines are more likely to be about a new cholera epidemic or an unknown virus emerging from a Chinese wet market.⁷³ The age of infectious disease has given way to the era of chronic disorder. Longer life means more time to be ill or vegetate in a care home and medicine is more open to criticism. National Health has become a hollow achievement.

Medical self-confidence, moreover, has been increasingly shaken by the mysteries of virology. Influenza pandemics

like the one that swept the world with unsurpassed virulence between 1918-20 have proved difficult to anticipate or contain in an era of hyper globalisation. Since the 1980s infectious diseases from AIDS to Ebola, SARS and now the coronavirus have shaken faith in scientific omniscience, yet they are what a Darwinian and Malthusian struggle for survival in a world of parasites looking for hosts would anticipate.

Medicine has conquered numerous ailments and provided relief from suffering for many but its mandate, as the current medical and government response to the coronavirus demonstrates, has become confused. Is its primary duty and that of the medical surveillance state to keep people alive whatever the circumstances and cost? In *Gulliver's Travels* (1725) Jonathan Swift satirised the folly of pursuing immortality depicting the misery of the demented Struldbrugs of Luggnagg who never die but age remorselessly.

Modern medical science governments and the Big Tech companies that treat death as the last disease are addicted to the idea of immortality. They might benefit from reading Swift. Paradoxically the healthier society becomes the more treatment it craves. The patient/consumer regards it as both a right and a duty. The root of the problem is structural. It is endemic to a system in which an ever-expanding health establishment is driven to medicalise normal events like menopause or death, or a low mortality pandemic, converting risk into disease.

In 1974, Ivan Illich predicted that the medical establishment could become as pathogenic as disease. An exaggerated (iatrogenic) preoccupation with healthcare could paradoxically expropriate health. The more everyday life is medicalised, the more people are forced to operate under the influence of organised health care. When

governments instruct us to protect the NHS itself rather than the patients it is supposed to serve, we reach a condition of cultural iatrogenesis. Institutions of medicine then work only as a domineering moral enterprise. 'When all suffering is 'hospitalised' and homes become inhospitable to birth, sickness, and death, and when the language in which people experience their bodies is turned into epidemiological or medical modelling, we will also have achieved, Illich predicted, 'medical nemesis'.⁷⁴

Boris Johnson captured the folly of our national health polity when he informed a locked down people that the government's decision to end the economically ruinous quarantine 'will be driven not by mere hope or by economic necessity. We are going to be driven by the science, the data and public health'.⁷⁵ The medicalisation of the state and the response it demanded from its patient/subjects to an unpredictable, but by no means devastating virus, has reached an iatrogenic high-point that nineteenth century liberal sanitationists would have deplored. Economic destructiveness, social damage and a politically destabilizing valetudinarism will be its enduring legacy.

Notes

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- 4 William McNeill *Plagues and Peoples* New York, Anchor Books, 1998 p.48.
- 5 The Europeans exchanged, amongst other things, smallpox for syphilis or 'the pox'.
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- 9 Psalm 91 2-6 Ibid p.691.
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- 11 Bede, *The Ecclesiastical History of the English People*, III. 27 (Oxford University Press, 1999)
- 12 Ibid., iii.27: cf. the plague of 686 in *The Anonymous History of Ceolfrith* recording records 'a sudden outbreak of plague struck Britain and devastated it far and wide', *Life of Bede* (Penguin Books, 2014), p.218
- 13 See Phillip Ziegler *The Black Death* London, Faber &Faber, 1997, especially chapter 5.
- 14 Ibid., iv. 27

- 15 'Coronavirus: Idris Elba suggests pandemic is Earth's response to being 'damaged' by humanity', *Independent*, 22 March 2020, available at: <https://www.independent.co.uk/arts-entertainment/films/news/coronavirus-idris-elba-oprah-interview-watch-test-sabrina-dhowre-positive-a9416606.html>
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- 23 <https://trends.google.com/trends/explore?q=nostradamus>
- 24 Giovanni Boccaccio *The Decameron or Ten Days Entertainment*, New York, The World Library, 1947, p.28.
- 25 See Landon, William J. *Lorenzo Di Filippo Strozzi and Niccolo Machiavelli: Patron, Client, and the Pistola Fatta per La Peste/An Epistle Written Concerning the Plague*. University of Toronto Press, 2013. Accessed May 8, 2020. www.jstor.org/stable/10.3138/j.ctt5hjtpc.
- 26 Daniel Defoe, *Journal of the Plague Year* (1720). *Ibid*, p.62.
- 27 Boccaccio *Ibid* p.28
- 28 Zeigler *The Black Death* p.137.
- 29 Thucydides *History of the Peloponnesian War*. London, Allen and lane, 1974, pp, 154-5.
- 30 Paul Rahe 'What the Great Historian Thucydides saw in Athens Plague and our own', *The Federalist* April 2020 <https://thefederalist.com/2020/04/08/what-the-great-historian-thucydides-saw-in-athens-plague-and-our-own/>
- 31 Roy Porter, *The Greatest Benefit of Mankind*. *Ibid*, p.56.

- 32 It is not clear why Hippocrates chose the term, rather than the more conventional *nosos* (disease) to apply to his collection of medical cases. Thucydides had used *polemos epidemios* to describe a civil war circulating in a country. *Epidemics* 1 (circa 400BC) gives a detailed description of an outbreak of deadly mumps in Thasos. See W.H.S Jones (ed), *De Morbis Popularibus*, Cambridge University Press, 1896, p.3. <http://www.perseus.tufts.edu/hopper/text?doc=Perseus%3Atext%3A1999.01.0251%3Atext%3DEpid.%3Abook%3D1%3Achapter%3D1%3Asection%3D1>
- 33 Porter. *Ibid*, pp.115-116.
- 34 Ladurie. *Ibid*, p.50.
- 35 The word derived from the Italian *quarantino* or the forty day isolation that Venice imposed upon trading vessels. See Brian Pullan, 'Plague and Perceptions of the Poor in early Modern Italy', in Terence Ranger & Paul Slack (eds) *Epidemics and Ideas Essays on the historical perception of pestilence* Cambridge University Press, 1992 pp.101-25.
- 36 Defoe *Ibid* p.40.
- 37 Paul Slack, 'Introduction', *Epidemics and Ideas*, *Ibid*. p.16.
- 38 Peter Harrison, *The Fall of Man and the Foundations of the Early Royal Society* (Cambridge University Press, 2007), p. 163.
- 39 *Ibid*. p. 164.
- 40 *Ibid*. p. 3.
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The Covid-19 Review

There will be plenty of official inquiries into the Covid-19 pandemic and the British Government's response to it. This series of reports is intended to help those sitting on these inquiries, as well as the public, MPs, peers and experts, to ask the right questions.

To ensure proper accountability and independent scrutiny, these reports are inspired by the need respectfully to examine some of the roots and handling of the crisis and how we can best prepare for future outbreaks.

The authors do not doubt the huge efforts of all involved in addressing the pandemic, from the frontline medical staff, to all those in care homes and the ancillary services, through to our political leaders. Nor do we doubt that, throughout the crisis, they acted with the best of motives.

But there are clearly alternative approaches and different national rates of success in responding to Covid-19. What is important is that we learn the right lessons from this outbreak so that, next time, it really will be different.

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THE COVID-19 REVIEW

How Britain responded to the Coronavirus

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The coronavirus that had been declared a pandemic by the World Health Organisation (WHO) in March 2020 has frequently been viewed in society as unique, exceptional and unprecedented. In this report, David Martin Jones and Emma Webb suggest there is nothing particularly novel about disease in the human experience – and cautions that we are desperately in need of some historical perspective.

This historical recounting of past pandemics and their interpretation both at the time and by historians – from the Athenian epidemic of 430 BC to the Black Death and the Spanish influenza outbreak of 1918 – tries to set Covid-19 in context. It also reveals the extent to which the recent exaggerated pursuit of national health has resulted in a dangerous condition of ‘cultural iatrogenesis’. The authors discuss iatrogenesis as occurring when societies capitulate to professionally organised medicine that has come to function as a domineering moral enterprise and which advertise their bureaucratic expansion as a war against all suffering.

Although most would agree that such suffering should be avoided, societies are in danger of coming under the control of total healthcare regimes and suffer in ways they no longer have the authority or will to manage. Jones and Webb argue that this is the predicament that post-Covid-19 democracies will have to confront.

Despite individuals now being healthier and living longer, there is an exaggerated sense of our general well-being being under constant threat from the air we breathe to the food in our shops. The age of infectious disease has given way to the era of chronic disorder. Longer life means prolonged time in care homes and medicine becomes more open to criticism. National health, in one sense, is in danger of becoming a hollow achievement.

Having viewed the outbreak as unprecedented and unique, many leading authorities embraced the epidemiological prediction of death rates of 1 per cent of the West's population unless they locked down the economy, quarantined households and suspended all non-essential activity. The authors argue this overreaction, rather than the virus itself, captures, the way in which modern life has become ‘medicalised’. It is that development over the course of the twentieth century – which came to treat the population as subject to an increasingly all-knowing public health regime – that is one of the defining features of our contemporary condition.

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