

Introduction

Disease and illness have obvious importance to human life. This book presents a view of their workings within Western history, a view that emphasizes alike the individual physical reality of sickness and death, the social responses to such physical illness, and the changing ways in which Western societies have constructed the meaning of disease. Disease is both a pathological reality and a social construction. Both material evidence for it and convictions about it exist; concentration on one to the exclusion of the other might make a neater story, but it would be a false one.

In previous historical writing different views of the meaning of disease have resulted in different treatments of its history. Especially from the late nineteenth century through the mid-twentieth, disease seemed an objective biological phenomenon, and those who combated it were scientific physicians. A large literature in the history of medicine resulted, one that focused on those figures from the past whose actions and thoughts most closely foretold the model of modern Western biomedicine. That literature usually said little about the effects of disease on social structures or on individual, everyday lives. More recently two other conceptions of disease have complicated this positivist picture. Many social scientists and historians have come to conceive disease above all as a cultural construct, rooted in mental habits and social relations rather than in objective biological conditions of pathology. Such ideas, emphasizing intellectual constructions and resulting public policies, dominate recent historical writing about disease. At the same time, other recent writing has seen disease as a force in its own right, an implacable product of a biological world in which humans are prey as well as predators. This view, associated with historians' concern with the long-term conception of time and with environment rather than events, has shifted attention from the

medicine-centered approach to disease, but in doing so it may have reduced human responses to insignificance; diseases are seen to have broad effects on human societies, but human reactions and adaptations may have been forgotten.

In the past two decades the volume of scholarship on the history of particular diseases and disease episodes has dramatically increased, partly under the influence of the newer paradigms. That scholarship presents possible models for a broader synthesis of the field, one which tries to recall that disease is both pathological reality and social construction, and that it affects individuals as well as civilizations. Certainly modern historiography has carried the subject far beyond the history of medicine and its connections with scientific ideas. It has shown how diseases affect social and political change, how disease's presence has revealed social tensions, and how diseases and changes in medical practice (broadly defined) have interacted.¹ Such scholarship has shown the complex role of governments in the provision of health care, and the even more complex factors of professionalization that lay behind modern scientific medicine; it has recovered both the variety and the persistence of folk traditions and other responses to disease outside the realm of official medicine. This book aims to carry those approaches to the history of disease in Western civilization as a whole, but also insists on the importance of the biological and pathological realities of disease and hence of the traditions of scientific medicine. While relying on the impressive monographs on particular diseases for its examples, it thus proposes to mediate among the positivist histories of medicine, the macro-historical approach, and the scholarship dominated by cultural relativism.

Disease has affected Western civilization in a number of ways in different times and places. Some of its most obvious effects have been demographic: disease has led to periods of stagnant or falling human population, for example, in Europe in the late fourteenth and early fifteenth centuries. In the last two centuries human responses (especially in the West) to disease have themselves affected demography, in ways still subject to historical argument. Disease has had social effects, as in the sharpening of class lines between immigrants and "natives" in nineteenth-century American cities. Its political effects have been numerous, and sometimes dramatic: it played a crucial role in the overwhelming of Native American polities by European invaders, and it has decided both battles and the fates of European dynasties. Disease has affected economies, both by demographic pressure that has changed the supply and hence the price of labor and by its effects on the productivity of a particular region or social group. Disease's intellectual and cultural effects have been far-reaching and profound; it has channeled (or blocked) individual creativity, and it may on occasion have set its stamp on the "optimism" or "pessimism" of an entire age.

In perhaps less obvious ways, civilization has also affected disease. Some civilizations, by their very restlessness, have increased disease's opportunities. Eu-

ropean incursions in the tropics brought contacts with Native American organisms and diseases; the vast movement of plague eased the spread of the disease. Many cultures and civilizations have eliminated disease or perhaps even eliminated goals that have been adopted to have affected disease by their conditions. These conditions have most often been those whose aim has been to separate the deviant. Here cultural constructionist book argues, the poor get not

Our uses of the word "disease" are interesting. For many people disease is a social construction. "Disease" is a "material process," a "biological process" of abnormal reactions of the body. In this view there is little doubt about the existence of a group of recognizable physiological conditions, organ failure, malformation,

This ontological view of disease separates it apart from human being. Disease is hardly has to be human. Disease is not. Ackerknecht, in his influential book (published in 1955), tells us that disease is as old as life on earth. Disease has remained essentially the same throughout history. It is a *physical* abnormality and is not a *social* construct. The extent to which vocation testifies to the existence of disease—at least in part and apart from the normal human condition—vades us, is a view that first gained currency, especially because the presence of bacteria and viruses made those organisms even apart from the heavy criticism of cultural relativists, popular usage of the disease model has never eliminated the condition brought on less by *moral* degeneracy.

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ropean incursions in the tropics have meant contact with yellow fever; European contacts with Native Americans resulted in a complex interchange of microorganisms and diseases; the vast Mongol Empire of the thirteenth century made the movement of plague easier, as did the steam transportation of the nineteenth. Many cultures and civilizations, including the Western, have attempted to control disease or perhaps even eliminate it, although control and elimination are different goals that have been adopted for different reasons. And finally, civilizations have affected disease by their definitions of it. In the Western world, those definitions have most often been created by social, political, and intellectual elites, whose aim has been to separate themselves from the poor or the otherwise deviant. Here cultural constructions and material evidence feed each other: as this book argues, the poor get not only the blame, but also the disease.

Our uses of the word "disease" betray considerable uncertainty about its meaning. For many people disease has an objective reality, apart from human perceptions and social constructs. Henry Sigerist, writing in 1943, called disease a "material process," a "biological process," which was "no more than the sum total of abnormal reactions of the organism or its parts to abnormal stimuli."² In this view there is little doubt about whether a person is or is not "sick," and illness is a group of recognizable physical symptoms that may involve weakness, incapacity, organ failure, malformation, or death.

This ontological view of disease carries further implications. First, disease exists apart from human beings, because the "organism" in Sigerist's definition hardly has to be human. Disease may therefore have a separate history. Erwin Ackerknecht, in his influential and useful survey of the history of medicine (first published in 1955), tells us that "disease is very old, far older than mankind, in fact about as old as life on earth. Our evidence tells us that disease forms have remained essentially the same throughout the millions of years."³ Second, disease is a *physical* abnormality and is hence a fit subject for study by biological, natural science. The extent to which we now think of the profession of medicine as a "scientific" vocation testifies to the strength of this definition of disease. And third, disease—at least in part and perhaps entirely—is produced by external stimuli, apart from the normal human body. That disease exists "out there," and that it invades us, is a view that first gained particular currency in the late nineteenth century, especially because the persuasive power of explanations involving bacteria and viruses made those organisms seem the very essence of disease itself. But even apart from the heavy criticism leveled at such positivism by the views of cultural relativists, popular usages have always remained uncertain, and the invasion model has never eliminated other conceptions. AIDS, some people believe, is a condition brought on less by the invasion of an infective agent than by internal *moral* degeneracy.

Nevertheless, it may be possible to accept Sigerist's "objective" view of disease,

if we carefully distinguish between “disease” and “illness.” This distinction grows out of the recognition that, as Claudine Herzlich and Janine Pierret say, “illness is a human construct and the sick person is a social being.”⁴ Robert Hudson uses “disease” in the sense of “illness,” and in doing so he illustrates the potential for confusion about these terms: “Diseases are not immutable entities but dynamic social constructions that have biographies of their own.” Hudson provides a homely yet clear example of a social definition of disease, or “illness”: “If a medical or social consensus defined freckles as a disease, this benign and often winsome skin condition would become a disease. Patients would consult physicians complaining of freckles, physicians would diagnose and treat freckles, and presumably, in time we would have a National Institute of Freckle Research.”⁵ Historians, especially those working in the long shadow of Michel Foucault, have found the view expressed by Hudson particularly persuasive, and indeed have been leaders in establishing the point, along with the anthropologists and sociologists who, in the words of Herzlich and Pierret, first became “aware that illness, health, and death could not be reduced to their ‘physical,’ ‘natural,’ or ‘objective’ evidence.”⁶ We may not like Hudson’s confusion of disease and illness, but his point remains a strong one. Sickness and health are defined by humans.

In fact each of these views—both Sigerist’s (that disease is a biological process) and Hudson’s (that disease is a social construct)—employs some of the other’s arguments. For a start, we may imagine Hudson examining Sigerist about his word “abnormal”: abnormal by what standard? according to whom? In some societies freckles might indeed be thought to be an “abnormal reaction . . . to abnormal stimuli.” If that example seems too much like a burlesque, consider that many cases of “heart disease” (an abnormal reaction) were once simply called “getting old” (a natural stage of life). And if Sigerist’s objective view has that relativist Achilles’ heel, Hudson betrays a lingering affinity for the enemy camp with his use of the word “benign.” Some benighted people, Hudson seems to say, might think that freckles constitute a disease; but we enlightened ones know that at bottom they are “benign” and so not really worth worrying about. A social construct may define a condition as a “disease,” but it may have more trouble making people die of it. It might, of course, happen. A society convinced that freckles were lethal might put down deaths “actually” due to some other organic cause (such as malignant melanoma) to the power of freckles; Sigerist might insist this group was simply mistaken about a real disease. A more important possibility, however, is not that freckles would immediately cause death but that its sufferers might be locked up, “for their own good” or for the good of all. Freckles would no longer be “benign.”

Aware of this dilemma, I shall discuss both “diseases” and “illnesses,” in the belief that the considerable ambivalence about the distinctions between them reflects past realities. I shall emphasize those diseases of the past which—regardless of what societies called them—caused social disruption by their

biological processes that led to clearly write a history of *diseases* concerned with illness, as societal responses to “diseases”—illness—conceptions of disease—illness—cases, I believe, fall legitimately.

Because this book principally little attention to the role of medicine omit some extreme (and important) historical writing has been excluded. Roy Porter quotes the judged insane, exclaimed: “The them, they outvoted me!”⁷ I regret the aspect of “disease,” and thus lose the opportunity to provide some. Different examples drawn from same points, however.

I am particularly concerned with the precise word. The *Oxford English Dictionary* of *Medicine and Allied Sciences* among a people or community causes not generally present in the epidemic is temporary, affecting morbidity in excess of normal expectation, present or prevalent in a no quantitative component. “Epidemics perhaps because they can’t always one textbook said in 1974. Another we know when we have an excess how much to expect? There is no

This uncertainty also characterizes the word. It has frequently been characterized of both severity and temporal extent. “epidemic of world lawlessness.” Concerned with many different diseases, precise meaning to lend drama to a text (in 1974) proposed: “It would term increases such as that note action might be taken to investigate. Long-term increases, not a temporary one, would be labeled “epidemic” if doing so

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biological processes that led to physical incapacitation and death. In doing so I clearly write a history of *disease* in its relation to society. But because I am also concerned with illness, as societies define and conceive it, I shall discuss intellectual responses to "diseases" as well. There may be cases in which human conceptions of disease—illness—result in social, political, or economic change; such cases, I believe, fall legitimately within the scope of this study.

Because this book principally concerns itself with "physical" ailments, I will pay little attention to the role of mental illness in past societies, and in doing so I will omit some extreme (and important) examples of Hudson's freckles analogy. Modern historical writing has been especially sensitive to mental illnesses as social constructs. Roy Porter quotes the seventeenth-century Englishman who, on being judged insane, exclaimed: "They said I was mad; and I said they were mad; damn them, they outvoted me!"⁷ I recognize that such cultural relativism is an important aspect of "disease," and that by omitting discussion of mental illness I may lose the opportunity to provide some dramatic illustrations of social constructions. Different examples drawn from more plainly physical ailments may make the same points, however.

I am particularly concerned here with epidemic diseases. "Epidemic" is not a precise word. The *Oxford English Dictionary*, quoting the Sydenham Society's *Lexicon of Medicine and Allied Sciences*, defines an epidemic disease as "one prevalent among a people or community at a special time, and produced by some special causes not generally present in the affected locality." Most definitions agree that an epidemic is temporary, affecting a particular place, and resulting in mortality and/or morbidity in excess of normal expectancy. An epidemic is opposed to an "endemic" disease, present or prevalent in a population all the time. But the definitions contain no quantitative component. "Epidemiologists don't use the word 'epidemic' much, perhaps because they can't always agree on what constitutes a significant excess," one textbook said in 1974. Another text, in 1996, despaired of the word: "How do we know when we have an excess over what is expected? Indeed, how do we know how much to expect? There is no precise answer to either question."⁸

This uncertainty also characterizes the more general or less technical uses of the word. It has frequently been chosen to dramatize any problem, to convey notions of both severity and temporal emergency; in 1937 Franklin Roosevelt spoke of an "epidemic of world lawlessness." Charles Rosenberg has argued that those concerned with many different diseases have themselves bent the word out of its precise meaning to lend drama to any disease "problem." Thus another epidemiology text (in 1974) proposed: "It would perhaps be well to label as 'epidemic' the long-term increases such as that noted for lung cancer. If this term were applied, more action might be taken to investigate the causes and to institute control measures."⁹ Long-term increases, not a temporary, exceptional statistical surge, could therefore be labeled "epidemic" if doing so would attract more attention to the phenomenon.

My use of "epidemic" shares some of these ambiguities. This book focuses on epidemics, but it includes other diseases that have had a marked effect on past societies. Especially difficult to categorize are those diseases, endemic to a society, that reached some unclear threshold of incidence that merited epidemic status, perhaps as a result of environmental change. Typhus in the war-stricken sixteenth century, tuberculosis in the industrial nineteenth, and AIDS in the globe-trotting twentieth might all be so described.

Epidemic diseases are generally associated with the word "infections," and indeed they are generally the result of an invasion by infectious agents such as bacteria or viruses. Some—but not all—infectious diseases may also be called "contagions," in that they are communicated (directly or indirectly) from one person to another, but other infections (bubonic plague, for example) may arrive in other ways. Infectious, epidemic episodes (whether examples of contagion or not) have had the most marked effects on past societies; effects were greatest (especially in contemporary perceptions) when disease came as an unexpected physical blow. Three further terms may characterize many (though not all) infectious epidemics: "acute," and "high mortality," and "high morbidity." "Acute" diseases have rapid onsets, severe symptoms, and relatively short durations and are contrasted with "chronic" diseases. "Mortality" means death rate, and morbidity means rate of incidence of disease, both of which may soar in an epidemic.

In addition to infectious epidemics, the disease universe includes what William McNeill aptly calls the "background noise" of endemic, chronic, and degenerative ailments.¹⁰ The distinction between background noise and sudden epidemic crashes has always been blurred; malaria, syphilis, and tuberculosis may all be chronic, and all have been endemic in different societies, but at times their mortality (whether real or perceived) justifies their inclusion here. As Western civilization has brought many traditionally important epidemic diseases under control, the background noise itself has become more audible. And the modern background noises (especially cardiovascular diseases and malignant neoplasms) deserve a separate treatment that this work makes no attempt to provide.

One other limitation: I concern myself with "Western" civilization, meaning that civilization which first emerged in western and central Europe between about 400 and 800 C.E., from a fusion of Greco-Roman, western Latin Christian, and Germanic-Slavic-Celtic roots, later spreading to the rest of Europe and to the Americas. This chronological and geographical limitation I adopt partly for convenience (to keep the book manageable) and partly in the belief that Western civilization's experiences with, and reactions to, disease and illness are important subjects in themselves. Microorganisms have rarely been respectful of political and cultural frontiers, however, and I will not be entirely consistent about this limitation. If nothing else, Western civilization has been extraordinarily expansive, especially in the last five hundred years. Its expansion has created numerous

give-and-take relationships because of it have followed in the path created by it. Such interactions will flourish in the rest of Europe and the overseas.

Since the sixteenth century, however, for the rapid movement of men and goods, previously dominant religious and political boundaries have been joined by others, adding to disease; and Western civilization's aspects of which have dramatic effects on the position of disease in Western societies than it has been in earlier centuries seem a disproportionate weight. I claim that disease played an unusual role in the sufferings of medieval people and that it may help to clarify the new complexities of the modern world.

The impact of disease on Western civilization over periods in which one disease after another has been the focus of this book, the order of which is not strictly chronological. The first chapter presents the concepts about disease held by the ancients, and to disease that later Western perceptions and discussions of contemporary perceptions of economic, political, and cultural/intellectual changes, preventive strategies, and remedies. The following chapters will focus on the position of disease in a history of medicine per se, then on the social positions of disease, and finally on paradigms of disease.

Much modern historical writing has been devoted to these topics; that body of scholarship has been largely "positivist" histories of disease and of the role of the unlettered folk practitioner because of the wisdom of the people that employs the wisdom of the people for a good history. I hope in this book to contribute to that history, as they have been applied to disease and illness, to a broad synthesis of past beliefs and practices, and to a sensitivity to the underlying principles of the all-too-human shortcoming

unities. This book focuses on a marked effect on past diseases, endemic to a society that merited epidemic status. Typhus in the war-stricken South, and AIDS in the globe-

the word "infections," and infectious agents such as bacteria. Diseases may also be called (or indirectly) from one person to another (for example) may arrive in various examples of contagion or not. The effects were greatest (especially as an unexpected physical phenomenon) though not all infectious diseases are highly morbid. "Acute" diseases have short durations and are characterized by high death rate, and morbidity may soar in an epidemic.

The reverse includes what William Osler called chronic, and degenerative diseases. Epidemics of disease and sudden epidemic diseases such as tuberculosis may all be included here. As Western civilization has brought epidemic diseases under control, the modern background (malignant neoplasms) does not attempt to provide.

The "Western" civilization, meaning that of Europe between about 400 AD and the fall of the Western Latin Christian, and the rest of Europe and to the East. The position I adopt partly for convenience is the belief that Western civilization and illness are important and have been respectful of political and religiously consistent about this limit. The extraordinarily expansive, essentially has created numerous

give-and-take relationships between society and disease, as disease and concepts of it have followed in the path of imperialism, diverted its course, and been diverted by it. Such interactions will find a place here, even if they take us beyond the limits of Europe and the overseas settlements of the Europeans.

Since the sixteenth century the world has shrunk, with greater opportunities for the rapid movement of microbes to new populations; in the Western world previously dominant religious and magical paradigms of explanation for disease have been joined by others, adding new levels of complexity to human responses to disease; and Western civilization has experienced massive social change, many aspects of which have dramatically modified the human-disease relationship. The position of disease in Western society has therefore become more complicated than it has been in earlier centuries, and for that reason this book gives what may seem a disproportionate weight to the more recent period. In doing so I do not claim that disease played an unimportant role in the medieval world, or that the sufferings of medieval people have less meaning for us. Rather, I attempt to clarify the new complexities of the last several centuries.

The impact of disease on Western civilization, especially in particular episodes or periods in which one disease seemed unusually formidable, is the central theme of this book, the order of which is for the most part straightforwardly chronological. The first chapter presents Western civilization's intellectual inheritance: concepts about disease held by the ancient Greeks and Romans, and their responses to disease that later Western people adopted. Subsequent chapters will include discussions of contemporary perceptions of a disease, its demographic, social, economic, political, and cultural/intellectual effects, and the ways in which opinions, preventive strategies, and remedies all shifted over time. More briefly, other sections will focus on the position of healers and general ideas of healing; though not a history of medicine per se, this book does notice the chronological evolutions of both the social positions of healers and the dominant—or contesting—paradigms of disease.

Much modern historical writing has been devoted to particular aspects of these topics; that body of scholarship has rightly emphasized the weaknesses of earlier "positivist" histories of disease and medicine. Historical writing that scorns the unlettered folk practitioner because she did not belong to a professional guild, or that employs the wisdom of the present to denounce past therapies, is simply not good history. I hope in this book to bring the views of modern historical scholarship, as they have been applied so fruitfully to particular topics in the history of disease and illness, to a broad synthesis of the subject. If at times this narrative is critical of past beliefs and practices, I hope that such criticism is tempered both by sensitivity to the underlying presuppositions of the past, and by an awareness of the all-too-human shortcomings of the most recent responses to disease.