

## **Ideology and epidemics**

Epidemics and history: disease, power and imperialism Sheldon Watts

Yale University Press, New Haven and London; 1999 414 pp. US\$17.95 (paper) ISBN 0-300-08087-5



colleague of mine once drew a Acomparison between public policy and sausages, remarking that it's better not to watch the production process if you're obliged to consume the end product. In *Epidemics and history: disease*, power and imperialism, Sheldon Watts shows us what has, over the centuries, gone into the sausages when it comes to societal responses to epidemic disease. His thesis is complex but transparent: when government policy is shaped by specific disease constructs based on religious and political ideology rather than on science, the trajectory of global epidemics is inexorably altered, usually to the detriment of society in general and the nonruling classes in particular. In other words, if policy is the catalyst that converts ideas into action, then, depending on the knowledge base on which those ideas are founded, the resultant action can be either helpful or harmful to the public good.

In making this argument Watts uses seven examples of infectious disease: plague, leprosy, smallpox, syphilis, cholera, yellow fever and malaria. He explains how empirical evidence is frequently ignored while abstract notions extracted from ancient classical and religious sources, most of which arise from mythopoeic or pseudo-scientific origins, are applied through ignorance or the callous and calculating mechanisms of social control. In the case of the plague, for example, a Christianized version of the neoplatonic idea of the Great Chain of Being led influential civic leaders to ignore the observation that the plague was highly prevalent where there was an increase in the local rat population. Humankind was at the top of the chain, just below angels, archangels and the rest of

the heavenly host; lowly rats (and fleas) were closer to the bottom, far away from mankind. How could rats - let alone the fleas on the rats — be responsible for a human affliction?

A further example is the historical societal response to leprosy. For centuries, a literal interpretation of a highly metaphoric Old Testament description of the disease remained entrenched even after the causative organism was isolated, and despite evidence of the effectiveness of less stringent responses implemented by some non-Judeo-Christian cultures.

Perhaps the most devastating example was the havoc wreaked by smallpox on native inhabitants of the Americas after their first contact with Europeans in

1492. In this instance, a blend of biblical narrative and platonic ideology combined with social Darwinism to reinforce notions of the supremacy and "manifest destiny" of the white race. What followed was an abstract justification for the mass extermination of geneti-

cally "inferior" beings to make room for a new "superior" master race of Europeans. One of the great ironies highlighted by Watts is the impact of syphilis on modern imperial culture. In this instance, a disease that was relatively benign and non-venereal among Native Americans rapidly transformed into a lethal venereal variety among the European invaders once it was transported back across the Atlantic Ocean. Furthermore, the propensity of the European elite to ignore science and to embrace

moral precepts founded on orthodox interpretations of Christian values helped to exacerbate and prolong the great syphilis epidemic in the modern imperial nations.

With the aid of illustrations and copious endnotes, Watts concentrates primarily on a detailed description of the impact of these epidemics on common folk, taking a very sympathetic and humanistic approach to those victimized by pestilence exacerbated by the brutal policies of their rulers. What is missing, perhaps, is a more detailed analysis of the conceptual origins of oppressive policies. Other scholars have documented the historical evolution of knowledge from its mythopoeic origins to modern objective science. However, science has not necessarily replaced mythology. The two continue to coexist and even to complement one another. Sometimes the net result is the formation of bizarre hybrids, including distorted disease constructs. Those who wish to retain power often champion

these aberrations, while those most affected by flawed decision-making are forced to endure its consequences. This book sheds some light on how society might learn to reject confused ideas in favour of a more humane interpretation

of reality grounded in observation and empirical verification. I would recommend it to anyone interested in shaping public policy for the public good as opposed to the maintenance of social control. Sausages, anyone?



## John F. Anderson

Medical Health Evaluation and Community Consultation Unit Department of Psychiatry University of British Columbia Vancouver, BC