

THE DEATH OF HUMANE MEDICINE

THE DEATH OF
HUMANE MEDICINE
AND THE RISE OF
COERCIVE HEALTHISM

Petr Skrabanek

THE SOCIAL AFFAIRS UNIT

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TO PAUL SACHET

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The Author

Petr Skrabanek died on 21st June 1994 from an aggressive prostatic cancer at the age of fifty three. The manuscript of *The Death of Humane Medicine* was completed a few days before his death.

Born in Czechoslovakia he acquired a doctorate from Charles University and worked as a forensic toxicologist. He had almost finished his medical studies when in 1968, whilst he and his wife, Vera, were in Ireland, the Russians entered Prague. They decided to remain in Ireland and Petr enrolled in the College of Surgeons medical school and qualified at the Society of Apothecaries.

After house officer posts he worked in the field of neurotransmitters and became an authority on Substance P. He joined the Department of Community Health in Trinity College, Dublin in 1984, initially in a temporary capacity, aided by a grant from the Wellcome Foundation. He was subsequently appointed as a lecturer, then senior lecturer and finally associate professor. He was made a fellow of the college and a fellow of the Royal College of Physicians of Ireland.

His last book, *Follies and Fallacies in Medicine*, written with James McCormick, has been translated into Danish, Dutch, French, German, Italian and Spanish.

Preface

Who is this viper in the bosom of medicine, this Bluebeard? One of the smartest moves in my working life was to make the acquaintance of Petr Skrabanek.

His story is remarkable. In 1968, when Russian troops invaded Prague, he and his wife Vera happened to be on holiday in Dublin. They opted to remain in Ireland, where they brushed up their English with the aid of a copy of *Ulysses* (Petr later became an international authority on the works of James Joyce). To his Czech qualification as a toxicologist, Petr added an Irish medical diploma; and by the mid-1970s he was gaining attention through a series of critical and witty letters in *The Lancet*, addressed from the endocrine unit of a Catholic hospital. Increasingly his sharp pen was directed at population medicine and the apostles of lifestyle – those who preached the fallacy of cheating death. Among public health doctors and epidemiologists, Skrabanek became a name that aroused strong passions; so it was all the more astonishing and splendid when, ten years ago, he gained a post in the Department of Community Health at Trinity College Dublin.

Visiting *The Lancet*, the alleged Bluebeard proved to be a gentle, humorous man of immense culture and learning – cigarette in mouth, gleam in eye. He joined our team of editorialists; and we soon found that others in medicine were speaking his name with affection rather than exasperation. Indeed, the medical community began to adopt him as a gadfly who roamed the world adding zip and controversy to

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otherwise anodyne meetings. Like Ivan Illich before him, Petr was being swallowed and absorbed.

The Death of Humane Medicine will restore Petr Skrabanek to his favoured role of outsider. Critics may complain, with some justice, that his analysis lacks 'balance'. Never mind that. How do I feel about his gloomy prognostications? I am not such a pessimist; and I lean more to the liberal than to the libertarian. But Skrabanek speaks many truths that we should heed.

ROBIN FOX
Editor, *The Lancet*

Foreword

The roads to unfreedom are many. Signposts on one of them bear the inscription HEALTH FOR ALL.

This book is about the danger posed by healthism – the ideology of the ‘health of the nation’ – to our right to do as we like with our lives, to our autonomy to pursue our kind of happiness, to the liberty of the Savage in the Brave New World. All totalitarian ideologies use the rhetoric of freedom and happiness, with false promises of a happy future for all.

For those who do not, or do not wish to, recognise the utopian nature of the health promotion movement, my critique will be misinformed at best and misanthropic or malicious at worst. How could striving for health lead to the loss of liberty? Is not health a necessary condition for freedom? Is a dying free man happier than a healthy slave?

The structure of the book is simple. The first section provides a general background to the exploitation of ‘health’ for professional, political and commercial purposes. The ideology of healthism did not appear in Western democracies until the 1970s, initially in the USA. Healthism, however, was an ingredient of the totalitarian ideologies in Nazi Germany and Communist Russia. The first commentator who saw the danger of healthism in Western democracies was Ivan Illich and it is thus appropriate to start the debate where he left off.

The second section, on lifestylism, proceeds from historical examples of individual pursuit of the chimera of health to the collective normalisation of behaviour as state policy. Despite the variety of specific regimes to attain and preserve

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health, the moralists' trinity of evils – drink, tobacco and sex – is a common thread. Modern lifestyle exhortations by health promotionists, though ostensibly based on science, bear a striking resemblance to these historical precedents.

The third section is about the tyranny of normalisation, the rise of Big Brotherism in the surveillance of 'lifestyles', and other manifestations of coercive medicine. Once the majority has been persuaded that 'the health of the nation' is a laudatory end, without understanding the means by which this end is to be achieved, healthism and lifestylism get universal support. The perversion of language obscures the power motive behind the seemingly altruistic pursuit of health for all.

It is useless to defend oneself against charges of 'iconoclasm' or to offer an apology for the tone which 'will alienate even potential supporters', as one well-meaning reader put it. The purpose of the book is not to please anyone but to sound a warning.

Some friends, who otherwise approved of the contents, have questioned my giving Illich's *Medical Nemesis* such a prominent place, when Illich had his own hidden, traditional Catholic, 'reactionary' agenda. I have no interest in Illich's religious views, but his perspicacity to discern the creeping evil of healthism long before anyone else saw it must be acknowledged. Some leftists found Solzhenitsyn's mystico-religious views a suitable pretext for dismissing his *Gulag Archipelago*.

This book is not about medicine but about a perversion of its ideals, especially in countries dominated by the Anglo-American medical ideology. Yet Western medicine is the only one with a rational core. I don't believe in medical relativism and my criticism does not imply an endorsement of Eastern 'holistic' claptrap. Just as a sick sheikh will seek medical treatment in a Western hospital, rather than relying on local magic, so a rich potentate from a fundamentalist Islamic state will travel to an oil conference in a Western-built aircraft and not on a flying carpet.

Acknowledgements

I am grateful to Sinéad Doran for the secretarial miracle of transferring my typescript onto a disk and for incorporating various additions to the text and tidying up the references.

Many friends provided encouragement and valuable comments when I circulated an earlier draft; including Bidy McCormick, Dr Gerard Victory, Professor Eoin O'Brien, Professor Tom O'Dowd, Dr James Le Fanu, Professor Alvan Feinstein, Professor Lars Werkö. My special thanks go to Professor Renée Fox who, over years, has given me moral support which was always badly needed.

Professor James McCormick has been more to me than a close friend and a *Leibarzt*. He has been a permanent source of wise counsel and an oasis of calm when things got rough.

It is not always easy to find publishers for books such as this and the most enthusiastic encouragement I have received from Dr Digby Anderson, who took it upon himself to find the resources and see the book through the final hurdles of meticulous editing, was the act of true friendship at the time of need.

Institutions rarely get acknowledged. The liberal ambience of Trinity College Dublin, maintaining its spirit of independence against increasing political, commercial and technocratic pressures has made my years spent there the happiest in my life.

Words fail me in saying anything about my *alter-ego*, Dr Vera Capková.

Healthism

1 The rise of healthism

Health, like love, beauty or happiness, is a metaphysical concept, which eludes all attempts at objectivisation. Healthy people do not think of health, unless they are hypochondriacs, which, strictly speaking, is not a sign of health. Similarly, when our organs perform their functions perfectly, we are not aware of them. It is the absence of health that gives rise to dreaming about health, just as the real meaning of freedom is only experienced in prison.

The pursuit of health is a symptom of unhealth. When this pursuit is no longer a personal yearning but part of state ideology, *healthism* for short, it becomes a symptom of political sickness. Extreme versions of healthism provide a justification for racism, segregation, and eugenic control since 'healthy' means patriotic, pure, while 'unhealthy' equals foreign, polluted. In the weak version of healthism, as encountered in Western democracies, the state goes beyond education and information on matters of health and uses propaganda and various forms of coercion to establish norms of a 'healthy lifestyle' for all. Human activities are divided into approved and disapproved, healthy and unhealthy, prescribed and proscribed, responsible and irresponsible. Irresponsible behaviour includes activities dubbed by moralists as 'vices', such as 'immoral' sex and the use of drugs, both legal (alcohol, tobacco) and illegal, but it can be extended to not going for regular medical check-ups, eating 'unhealthy' food, or not participating in sport. The proclaimed aim of

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healthism is the ‘health of the nation’, with an implicit promise of a greater happiness for all. However, there is a world of difference between attempts to ‘maximise health’, and those to ‘minimise suffering’. As Karl Popper pointed out in *The Open Society and its Enemies*,¹ all attempts to maximise the happiness of the people must lead to totalitarianism.

The medical profession, particularly its public health branch, provides the required theoretical underpinning of healthism – the doctrine of lifestylism, according to which most diseases are caused by unhealthy behaviour. Although lifestylism has a strong moral flavour, its language is mathematical. Each ‘risk factor’ has a number, which quantifies the risk. Geoffrey Rose, one of the most eminent of British epidemiologists, believes that most people are living unhealthily; we are a ‘sick population’. Since such a message would lead to a fatalistic rejection of the lifestyle doctrine, as it is ‘too threatening to be acceptable’, Rose suggests that the whole of society must be re-educated in their ‘perception of what is normal and what is socially acceptable’.² The medical profession, no longer confined to their traditional function of attending the sick, should adopt a new role as expert counsellors to the healthy and the arbiters of ‘normality’.

Politicians find the facile rhetoric of healthism rewarding. It increases their popularity at no cost, and it enhances their power to control the population. It meets no resistance from the opposition, who promise to improve the ‘health of the nation’ even more. The first ‘healthist’ documents were published in 1974: *A New Perspective on the Health of Canadians*, known as the Lalonde report, after the then Minister for Health; and the *Forward Plan for Health*, issued by the US Department of Health. The gist of these reports, subsequently imitated in other countries, is the belief that unhealthy lifestyles account for the majority of deaths and are the cause of increasing health costs. A corollary to this doctrine is victim-blaming, as major diseases are ‘self-

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induced' by 'irresponsible' lifestyles. In 1977, the President of the Rockefeller Foundation, J H Knowles, stated: 'I believe that the idea of a 'right' to health should be replaced by the idea of an individual moral obligation to preserve one's own health – a public duty if you will'.³ To be healthy is politically correct and the duty of a responsible citizen.

Healthism is a powerful ideology, since, in secular societies, it fills the vacuum left by religion. As an ersatz religion it has a wide appeal, especially among the middle classes who have lost their links with traditional culture and feel increasingly insecure in a rapidly changing world. Healthism is embraced eagerly as a path to surrogate salvation. If death is to be the final full stop, perhaps the inevitable can be indefinitely postponed. Since disease may lead to death, disease itself must be prevented by propitiatory rituals. The righteous will be saved and the wicked shall die.

2 After Illich

In his 1975 book, *Medical Nemesis*, Illich diagnosed medicine as sick.⁴ The reaction of the 'patient' was predictable – the denial of disease. Illich described how medicine had usurped a monopoly on the interpretation and management of health, well-being, suffering, disease, disability and death, to the detriment of health itself. By 'health', Illich meant the process of adaptation to growing up, ageing, disease and death, the coping mechanisms embedded in the culture and tradition of communities. The medical monopoly deprived people of their autonomy; by supervising and minding them from birth to death (or even from before birth), the art of living and the art of dying, transmitted from generation to generation, were obliterated and lost. The cohesion of traditional communities was replaced by the loneliness of individuals, forming an anonymous mass of 'health consumers'.

Two decades later, the impact of *Medical Nemesis* is still powerfully felt, because it touched on important truths. Illich's attack on the medical expropriation of health

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triggered a predictable reaction from the medical profession. Yet, much of his evidence came from medical sources, though usually intended for internal consumption only. Much of this insider criticism, moreover, dealt with single blemishes on a beautiful body; it failed to see all the spots, which signified systemic disease. What upset the medical profession was not only the full-frontal assault, but also the fact that Illich was an outsider, a priest, a philosopher. How dare he?

Philip Rhodes, Dean of the Faculty of Medicine at the University of Adelaide in Australia, dismissed Illich in a manner typical of other medical rebuttals: 'nothing said by Illich has not already been said by some doctor', 'there is nothing really new to be found here', 'there are already more radical thinkers within the ranks of medicine than Illich', who is only an 'amateur', who does not really understand.⁵

If Rhodes were right and if there were nothing new in Illich's incrimination of the medical profession as a threat to health, why then such a fuss about the amateurish fumbling of a fool, repeating worn-out truths? To show how little insight Illich had about the real claims of medicine, Rhodes blandly denied that the medical profession ever 'laid claims to prolonging life'. Had he not heard the official slogan of the modern preventionists, 'adding years to life and life to years'? Has he never seen statistics intended to show that adherence to a prescribed 'lifestyle' increases life expectancy dramatically?

Alec Paton, a consultant physician from Birmingham, was one of the very few exceptions who accepted Illich's charges as fair. Probably speaking for an older generation of doctors, Paton wrote that 'only the most chauvinistic medical man would deny that improvements in health over the past few centuries are the results of better living conditions – food, water, housing, sanitation, education – and have almost nothing to do with medical advances'.⁶

Some doctors became so blind with rage when the red cloth of *Medical Nemesis* was waved before them that they became

incontinent. One correspondent to the *British Medical Journal* wrote: 'And if there is a more revolting, inhumane expression to be found outside the writings of the overtly perverted, I would like to know of it. Or, perhaps, I wouldn't'.⁷ One critic devoted a whole book to the refutation of Illich. David Horrobin mocked Illich as a 'classic Old-Testament-style spellbinder', who is 'brilliantly eloquent', 'seductively convincing', and extremely dangerous for people of moderate intelligence.⁸

When Illich updated his concept of the medical expropriation of health ten years later, by suggesting that the major health threat is no longer the medical establishment as such but the pursuit of health, of holistic well-being,⁹ one of *The Lancet's* correspondents diagnosed Illich as suffering from 'incipient intellectual decay', and TICS ('the intellectual celebrity syndrome').¹⁰

Illich was not waging a personal vendetta against doctors. He, like anyone else, uses medical services, when necessary. His attack on the medical establishment was only a part of his more general exposure of the baneful effects which professional elites may exert, whether they are doctors, lawyers, churchmen, bureaucrats, educators, or counsellors. They may not stop at 'advising', but move on to monopolising the power to prescribe and codify. They not only define what is bad, but they also dictate what is good.

Illich made a clear distinction between medicine as a liberal profession (in which medical knowledge and skills are used to alleviate the suffering of fellow men) and medicine as a dominant profession, dictating 'what constitutes a health need for people in general and turning the whole world into a hospital ward'. The dominant profession becomes at one and the same time judge, jury and executioner, or, to use Illich's analogy, theologian, priest, missionary and inquisitor. By overstepping its liberal brief, medicine as an institution of social control joins forces with other dominant professions, to tackle human 'problems' in a multidisciplinary fashion.

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Each part of a person's body and mind is probed and examined by a different professional, be he psychologist, psychiatrist, marriage counsellor, sex therapist, screener, or social worker. Separate bills arrive from pathologist, physio-therapist, proctologist or pharmacist. The patient is handled by a 'health-delivery team', consisting of strangers; different faces appear on different days, depending on hospital rosters. It is often only the nurse or the cleaning staff who develop anything like a personal relationship with the occupant of a hospital bed.

Ever-increasing 'health needs', determined by a profession which insists on the regular supervision and screening of all healthy people, under the banner of 'proactive' or 'anticipatory care', lengthen the queues for services, escalate costs, and ultimately paralyse the whole system. There is a point beyond which a liberal profession turns into a disabling profession, beyond which the balance between personal autonomy and medical paternalism is lost and society starts sliding towards a nanny state, and then further into techno-fascism, with 'compulsory survival in a planned and engineered hell'.

Another attack on the medical profession was delivered in the 1980 BBC Reith Lecture, by a British academic lawyer, Ian Kennedy, and later published in book form, under the title, *The Unmasking of Medicine*.¹¹ The medical profession was predictably furious. Another outsider daring to criticise their noble calling! Some used the *tu quoque* argument, accusing the legal profession of being even more reprehensible than the doctors. Others simply observed that Kennedy is 'mostly warmed-up Illich'. The psychiatrist Anthony Clare, in an attempt to defuse Kennedy's vicious attack on psychiatrists, declared that 'after all, doctors have been saying what Kennedy said for years'.¹² In other words, the reaction could be summed up as mostly warmed-up anti-Illich talk. In his reply to critics, Kennedy wondered why so much energy, vehemence and flak were expended on views so unoriginal, untenable or plain wrong.¹³

While Kennedy's criticism of medicine was perceptive and penetrating, he fell through the trap-door of the British custom of saying something 'constructive'. His 'blueprint' for the health of the nation had all the weaknesses of health-promotion claptrap. He fell for the promotionist propaganda, from which he culled the notion that most diseases of civilisation are caused by tobacco, alcohol and the wrong diet, and, as people are known to be foolish, recalcitrant and unable to mend their ways by their own volition, teams must be created 'which will promote health on behalf of the individual'. In other words, nannies who know how to engineer human happiness. In his concern for 'health for all' and for the need to 'learn how to live healthy lives', Kennedy argued that poverty is the major cause of ill-health. Whether this is true or not, the reason why poverty is unacceptable is not that the lives of the poor are shorter, but that poverty is demeaning, cruel and unjust. People should be entitled to decent living conditions not because it would make them live longer (which would be a welcome by-product) but because in a humane society the principle of fairness and justice is paramount. Where Kennedy missed the point was the need to reduce the power of professionals, including his own profession, rather than to shift some power from doctors to lawyers.

Within a year of the publication of *Medical Nemesis*, Thomas McKeown, a professor of social medicine in Birmingham, published his analysis of the contribution of medicine to the improvement of health in Britain over the past 200 years.¹⁴ *The Role of Medicine: Dream, Mirage or Nemesis?*, though highly critical of the pretention that medicine was an important factor in improving the health of the people, was received by the medical profession fairly civilly. McKeown demonstrated that the decline in mortality from major infectious diseases, such as tuberculosis, scarlet fever, whooping cough and others, could not be attributed to medical intervention, as the bulk of the decline occurred long before the

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cause was understood or treatment became available. From these observations McKeown concluded that it was not medicine but social and environmental factors, such as nutrition, hygiene, housing, smaller families, and clean water, which were all-important. Where McKeown got it wrong was to extend his correct interpretation of mortality statistics from the 19th century to health policy for the end of the 20th century, by suggesting that doctors should turn into environmentalists. Environmental and social factors are still the main determinants of mortality among the very poor, particularly in the Third World, but they have only a marginal relevance for the affluent inhabitants of the West.

It is worth repeating, however, the gist of McKeown's message, put in different words by the cardiologist David Spodick in an editorial in the *American Heart Journal* in 1971:

Physicians cure little or nothing. We alter physiology, arrest inflammation, and remove tissue, but with the exception of some infections and some deficiency states there are few if any cures in terms of *restitutio ad integrum*.¹⁵

Medicine is not about conquering diseases and death, but about the alleviation of suffering, minimising harm, smoothing the painful journey of man to the grave. Medicine has no mandate to be meddlesome in the lives of those who do not need it.

Philip Rhodes, having dispatched Illich to the rubbish heap, subsequently expressed a sense of the ennui of the medical profession with the permanent 'crisis' in medicine, in a book entitled *The Value of Medicine*.¹⁶ Accepting the diminished status of the profession as a fact of life, Rhodes called for the bringing back into medicine of concern, tenderness and mercy. He recognised that the new fashion of 'environmental' medicine was 'the rainbow's end, the will o' the wisp', and writing like an Illichian convert, added,

It will not make people healthier; it will only shift the scene of the action. Neither medicine nor anything else can take death, disease and suffering away from individuals and therefore from the species; perhaps it is time to acknowledge the fact.

Medical sociologists have observed the medical profession from the outside for a long time, and their commentaries have been so uncomplimentary that none of them is likely to appear in the curricula of medical schools. In *Spare Parts: Organ Replacement in American Society*,¹⁷ two medical sociologists, Renée Fox and Judith Swazey, analyzed the world in which people are being ‘rebuilt’ with ‘spare parts’ plundered from warm corpses, or manufactured in genetically programmed pigs or baboons, while millions of Americans do not have even minimally decent medical care. Unable to accept the limitations of ageing and man’s mortality, and with a ‘death is the enemy’ perspective, ethics and morality are pushed aside in ‘an overly zealous medical and societal commitment to the endless perpetuation of life’.

3 Before Illich

In ancient times, doctors were not held in great esteem. In the Old Testament, physicians are mentioned twice: once as servants good at embalming (*Genesis* 50.2), and once as ‘forgers of lies’ and of ‘no value’ (*Job* 13.4). In the New Testament, they get a passing mention, when a woman ‘had suffered many things of many physicians, and had spent all that she had, and was nothing bettered, but rather grew worse’ (*Mark* 5, 26). This was not a view held only by Christians. Henri de Mondeville, in his *Chirurgie*, written in the 14th century, noted that ‘since dim antiquity the people have believed surgeons to be thieves, murderers and the worst kind of tricksters’.¹⁸

As disease, pain and suffering are inseparable from man, there has always existed a group of people who cared for the

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sick, provided explanations and invented treatments, often worse than the disease. The noble aspirations of medicine have for ever been hampered by impotence and ignorance. Leaving aside some useful surgical techniques developed centuries ago, only at the beginning of this century was the balance of benefit versus harm tipped in favour of attending a doctor. Maximilianus Urentius asked:

Wherein differs the surgeon from the doctor? In this way, that one kills with his drugs, the other with his knife. Both differ from the hangman only in doing slowly what he does quickly.¹⁹

Montaigne took a very sceptical view of what doctors could do. He feared them, because in his experience people were more likely to get worse after the doctor called. He also noticed that doctors were neither happier nor lived longer than their patients.

And to tell the truth, of all this diversity and confusion of prescriptions, what other purpose and effect is there after all than to empty the bowels, which a thousand domestic simples can do?²⁰

And what was the evidence, he asked, that such purgation was doing any good? 'The violent struggles between the drug and the disease are always at our expense, since the combat is fought out within us'. (How reminiscent of today's anti-cancer chemotherapies?) Montaigne also observed that doctors had always been prone to claim success when luck, nature, or placebo, as we would now call it, brought a patient back to health, while, if a disease took a turn for the worse, doctors were quick to blame the patient or even to suggest that without any treatment things would be even worse. Nicocles, an ancient Greek poet, called physicians a happy

race, because the sun shone on their successes and the earth hid all their failures.

Montaigne laughed at their medicaments ('the left foot of a tortoise, the urine of lizard . . . pulverised rat turds and other monkey tricks'), their unintelligible language, their pretence of being masters of the mysterious, their contradictory doctrines, their incredible promises, their magical reasoning. They made the terrible mistake of not being even more secretive and not keeping a unified front,

For the result of this mistake is that when their irresolution, the weakness of their arguments, divinations and grounds, the bitterness of their contestations, full of hatred, jealousy, and self-consideration, come to be revealed to everyone, a man would have to be preternaturally blind not to feel that he runs a great risk in their hands.

Reading old authors may serve as an antidote to the inflated image doctors present of themselves, tracing their glorious medical history 'back to Hippocrates'. A low opinion of doctors among the educated classes was commonplace. Thus, for example, Joseph Addison wrote in his *Spectator*, in 1710, that 'when a nation abounds in physicians, it grows thin of people'.²¹ And he divided doctors into the following classes,

like the British army in Caesar's time: some of them slay in chariots, and some on foot . . . besides this body of regular troops there are stragglers, who without being duly listed and enrolled, do infinite mischief to those who are so unlucky as to fall in their hands.

Robert Campbell wrote in 1747 that

To acquire this Art of Physic requires only being acquainted with a few Books, to become Master of a few Aphorisms and Common-place Observations, to purchase

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a Latin diploma from some Mercenary College, to step into a neat Chariot and put on a grave Face, a Sword, and a long Wig; then MD is flourished to the name, the pert Coxcomb is dubbed a Doctor, and has a Licence to kill as many as trust him with their Health.²²

But to the credit of the medical profession there were always renegades and traitors within the ranks. In 1805, the editor of the *Edinburgh Medical and Surgical Journal* asked whether there was any certainty in medical science and expressed concern that ‘medicine has been deluged with a set of men to whom ignorance has imparted impudence and boldness’.²³ The editor of *The Lancet*, Thomas Wakley, in 1825, freely admitted that

If patients are content with the medical treatment, whatever it may be, it is a proof of their ignorance, and nothing more. That some patients in hospital may properly be treated we do not deny, but that others are killed, we as positively assert.²⁴

Another doctor, signing himself only as Homo Sum, MD, wrote in 1848 in the *Dublin Medical Press*, that the characteristics of the medical profession include

a mass of mental obesity, dinner-seeking sycophancy, smug vanity, assumption of importance, contemptible Irish pride, discordant interests, jealousies and impenetrable blind suicidal infatuation.²⁵

In the little booklet, published posthumously in 1880, *The Black Arts in Medicine*,²⁶ the former Vice-President of the American Medical Association, John Jackson, wrote that most doctors would not know any more how to employ the moss from the skull of a dead man, or the white end of peacock’s dung, used by their predecessors as infallible cures,

yet they practised the same magical arts under different names. For this he blamed human nature: man is a most gullible animal and the temptation is too great not to make capital out of it.

Jokes about the follies of medicine have a different function when uttered by a layman rather than by a professional. In the first case their purpose is to cut doctors down to size and demystify their art. In the second case, the levity is part of private medical humour, a sort of cynical defence mechanism enabling the doctor to cope with the stress of his task. When in 1889, the President of the British Medical Association washed medical dirty linen in public, he was reprimanded by the editor of the *Provincial Medical Journal*.²⁷ In the same editorial, however, an account was given of a private medical function of the British Medical Association, at which the speaker related an anecdote greatly appreciated by the company. A lady, attending a party in the house of a famous doctor, was introduced to a guest and asked, 'with the privilege allowed to her charming sex', 'I presume you are a young doctor?', 'Yes', was the reply. 'Ah, then you have not had time to do much harm' (laughter). By savouring this joke in private, its threat was defused. What the editor of the *Provincial Medical Journal* was worried about was that this lady could have been inspired to her impertinent remark by the President's widely-publicised address.

It had to be an act of masochism by the Medico-Legal Society to invite George Bernard Shaw to address their meeting in 1908 on the subject of 'the socialist criticism of the medical profession'.²⁸ Shaw compared doctors to tradesmen and shopkeepers, with a pecuniary interest in people being ill. Once in 'the commerce of healing', they turn into 'the grossest of impostors', as 'abject dependence on his patient forces him to flatter every fashionable fad and practice every fashionable quackery'. Shaw kept berating his audience, accusing them of inventing non-diseases, using trick statistics, and having the arrogance to claim powers over the liberty of

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the ordinary man which could not possibly be entrusted to any private body whatsoever. The audience shrieked in delight. The replying speakers congratulated Mr Shaw on his 'brilliant' address and expressed overall agreement with its contents. Sir Clifford Allbutt, one of the most prominent representatives of the profession at that time, said:

I think we shall all agree that Mr Bernard Shaw when he takes up his sword certainly slashes down to the quick, and I think that we must admit at that quick there is a great deal of truth to be found, and expressed with a great deal of gentleness towards our profession.

Compare the politeness and gentility of that generation of physicians with the hysterical outbursts of our contemporaries when a layman, such as Illich, dares to raise a question or two about the direction of medicine today. Shaw elaborated on his views on medicine in his *Preface on Doctors*, published with *The Doctor's Dilemma* in 1911. His own health philosophy was summed up in these sentences:

- Do not try to live for ever. You will not succeed.
- Use your health, even to the point of wearing it out. That is what it is for.
- Spend all you have before you die; and do not outlive yourself.
- Take utmost care to get well born and well brought up.

It was just an echo of Pindar's (522–443 B.C.): 'Dear soul, do not strive for immortal life, but exhaust the resources of the feasible' (*Pythian Ode*).

When comparing medicine then and now, the main difference is between a profession and a trade, between a vocation which grew up in the humanist tradition and the medico-industrial complex governed by monetary gain and political

interests. This transition occurred somewhere between the 1960s and 1970s. The change was so slow that only a few shrewd observers, such as Illich, noticed it.

4 Health for sale

Until the 19th century, the term 'to consume' was used mainly in its negative connotations of 'destruction' and 'waste'. Tuberculosis was known as 'consumption', that is, a wasting disease. Then economists came up with a bizarre theory, which has become widely accepted, according to which the basis of a sound economy is a continual increase in the consumption (that is, waste) of goods. This principle has been applied, in capitalist societies, to 'health' itself: 'health' has become a marketable commodity. The product, wrapped in salesman's rhetoric, is 'delivered' to the 'consumer'. In the jargon of medical commerce, doctors operate as 'health delivery teams', but they differ from the milkman by delivering a promise rather than tangible goods. Traditionally, doctors used to be 'called in' when needed. Indeed, some doctors are still doing 'calls'. When a doctor is 'on call' he is available to be summoned by the patient at short notice. But this is now changing. Increasingly it is the doctor who calls the person in by issuing an invitation. Healthy people are asked to visit the surgery for a 'check-up', or 'screening', when their computerised records show they are 'due'. Non-attendance is known as 'non-compliance', indicating an element of recklessness and irresponsibility.

To arouse an interest in new goods, it is important to advertise and to convince potential customers that they could not possibly be without them, even though they may not have realised it up until now. In the case of 'health', the task is not difficult. Everyone needs it. The salesman's patter is taken straight from life-insurance business sales manuals. 'This test saves one million lives a year'. 'Imagine a young mother leaving behind her lovely children, only because she was so foolish as not to avail herself of this simple cancer-prevention

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test'. 'Look at these pictures of people dying in agony – do you want to end like that?' The fact that 'health' is an invisible product makes it easier to sell. And as health is a priceless commodity, any price can be asked for it. Once the need becomes universal, production can be defended by pointing out that it meets a need. Producers like to maintain the fiction that the market is consumer-driven but a combination of monopoly and skilful advertising guards against the fickleness of consumers' tastes and guarantees a steady income.

As health services become increasingly complex, a third party interposes between the doctor and the patient – the health manager. Managers control the purchase of technology, its marketing and advertising, so that new markets can be created. As true parasites, they share the profits, without producing anything themselves. A close cooperation develops between producers and managers, with or without the participation of the state, depending on whether the political system is a 'welfare' state or a *laissez-faire* economy. In 1986, 12 per cent of all US hospitals were under the control of four large companies who ran the network for their own gain.²⁹

Marc Renaud observed that the endless search for health by the consumption of a myriad of specific products and services 'profits those who capitalise on it more than it benefits the health of the public'.³⁰ Barsky, commenting on the exercise craze in the USA, counted some 30–40 million joggers who were potential buyers of designer headbands, nylon running suits, polypropylene underwear, pedometers for logging the mileage, special wristbands to hold house keys, digital stopwatches for monitoring heart rate, or reflective gear for night jogging. Jogging shoes alone represent a multibillion dollar market. The sporting goods industry as a whole has a turnover of some \$12 billion a year. Dieticians charge \$40 an hour to help 'plan meals' for those who can afford it. Some \$10 billion a year is spent on slimming (pills, books, clubs,

special diets). As Barsky points out, ‘unhealthy concerns can generate healthy profits’.³¹

McKnight suggested that the real ‘needs’ behind the burgeoning health industry were those of the profession itself: the need for income, the need for growth, the need for clients, the need to be needed.³² The same, of course, also applies for the managerial bureaucracy.

The extension of ‘health care’ to the healthy is a relatively simple matter. The healthy must be persuaded that *feeling* healthy is not the same as *being* healthy, otherwise they could go through their whole life without noticing how bad they were. Once healthy, but scared, health consumers start queuing outside, demanding their right to be let in (since health, as they were told and now believe, is their inalienable right), health producers can claim, with some justification, that they are doing their best to meet the demand, though the shortage of the demanded commodity (health, in this case) will, regrettably, lead to some increase in price. Paradoxically, the spiralling costs of the medical care are in part justified by the claim that its main *raison d’être* is to save money by preventing diseases from happening and that is why the industry is trying to deliver health to everyone, whether they need it or not.

5 ‘Anticipatory’ medicine

The abrupt change from old-style doctoring, which was in the main care for the sick, to a new style of ‘anticipatory’ care has taken place in the past two decades. It would seem that the two approaches are not antagonistic, since curative and preventive medicine have always been part and parcel of medical practice. However, anticipatory medicine is not the same as traditional preventive medicine which was limited mainly to vaccination against specific diseases, and the reduction of the spread of infection by maintaining a clean water supply, abattoir inspection, control of the food chain, etc. Anticipatory medicine, on the other hand, does not control the identifiable agents of disease, rather it indulges in

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probabilistic speculations about the future risk of so-called ‘multifactorial’ disorders in individuals, and promises clients that, provided they have their risk factors regularly evaluated and appropriately modified by adhering to a set of complex rules defined as a ‘healthy lifestyle’, most if not all diseases can be prevented or at least their onset almost indefinitely postponed. The attraction of anticipatory medicine is the implicit (and at times explicit) promise of enormous savings in the state’s health expenditure and an unprecedented extension of life expectancy.

The transition from preventive to anticipatory medicine is a leap from an empirical, pragmatic approach to a theoretical and visionary one. Regular health checks and the identification of ‘risk factors’ can be compared to the regular confession of believers, whose absolution is conditional on penance. This transition has been facilitated by the ambiguity of the term ‘prevention’. In one sense, ‘prevention’ is better than an adverse outcome, but when used in the anticipatory sense, ‘prevention’ is only a *promise* of prevention.

One general practitioner, shared his unease about the new fashion of anticipatory care with the readers of the *British Medical Journal*.³³ He compared the new kind of medicine with the efficient running of an army. There are no individuals any more but an army which must be fit to discharge its military task. All soldiers are healthy but the doctor must ensure that each soldier’s kit contains the regulation issue of healthy food and prophylactic medicine. Everyone gets a regular health check. He believed that this kind of medicine required a completely different frame of mind from that of a traditional doctor, who listens to the patient and tries to make sense of complex messages of fear and reported symptoms. For that one needs to forget ‘anticipatory’ checklists and questions and, instead, tune into the patient’s mind and mood.

Anticipatory medicine is synonymous with proactive medicine or with health ‘maintenance’, a term coined as an anal-

ogy to car maintenance. The US health economist, Dale Tussing, suggested at a lecture he delivered in Dublin, that human beings should be subjected to maintenance and health checks, similar to those applied to cars, ‘physical examination every 10,000 miles, immunisation every 25,000 miles, cervical cancer tests after 65,000 miles’ and so on. As an economist, Tussing naively believed that in this way diseases would be prevented and health expenditure greatly reduced.³⁴ As Richard Asher used to say, the only similarity between the car and the human body is that if something is seriously wrong with the design of the former you can send it back to its maker. The medical spectator, Katharine Whitehorn, is not a health economist, but her common sense serves her well instead: ‘stop people dying of the illnesses they die of now, and they will die of something else later, and the slower and the costlier’.³⁵

What anticipatory care means in practice can be seen, for example, in the official guidelines on preventive care for a low-risk, healthy woman between the ages of 20 and 70. According to the American College of Physicians, she should visit her doctors annually and have 278 examinations, tests and counselling sessions. Note that this is recommended for a *healthy* woman, and does not include anticipatory care before the age of 20 and after the age of 70.

While the ‘old’ public health was based on discoveries made by natural sciences and on technology and engineering, the new ‘public health’, while retaining the title, has little to do with science but, on the contrary, displays the characteristic features of pathological science as described by the Nobel Laureate, Irving Langmuir.³⁶ It accepts evidence not according to its quality but according to its conformity with a foregone conclusion. Nearly all its evidence is based on convoluted statistical arguments.

A typical example of suppressing ‘damaging’ evidence is the only British randomised controlled study of multiphasic screening. The study was conducted in two large practices

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in South London under the leadership of Professor Walter Holland, one of the most respected British epidemiologists.³⁷ It showed no benefit in the screened group. The authors concluded:

Any form of screening, including multiphasic, must be judged on the basis of its demonstrable health benefits. Since these control trial results have failed to demonstrate any beneficial effect on either mortality or morbidity, we believe that the use of general practice-based multiphasic screening in the middle-aged can no longer be advocated on scientific, ethical or economic grounds as a desirable public health measure.

A fair and frank summary in plain language but even specialists are not aware of this study, as the study is not mentioned in textbooks on screening, in government publications or in relevant epidemiological articles. On the contrary, the Government uses financial incentives (from the public purse) to entice general practitioners into participation, as agents of the state, in health screening schemes.

Moreover, screening for disease has so far been largely exempted from ethical guidelines since most doctors believe that screening is a good thing and the public, believing their doctors, have not yet questioned this faith. People (or their employers) willingly part with £268 for being screened for everything possible by BUPA, and ask no questions. Others may be encouraged to part with their cash at NHS units which are now launching cut-price private screening programmes. Private clinics and laboratories are ready to catch any remaining hypochondriacs. And those run-of-the-mill patients attending GP surgeries will be screened whether they like it or not, as their doctors will receive a special bonus if they fulfil their quota. Misguided politicians, besides liking to be seen as benefactors of mankind, actually believe that screening will save money, which could be used in underfinanced

departments such as the civil service, the army or the police.

It does not matter what you screen for: cancer, cholesterol, AIDS or alcoholism. Is not prevention better than cure? Who hates his mother? To ask about the ethics of screening, generally aimed to make healthy people healthier, sounds, if not perverse, then definitely superfluous. The fact that screening is a swinging, lucrative business is an incidental phenomenon – a rare example of goodness being rewarded on this earth.

So where is the snag? All complex problems have solutions which are simple – and wrong. As we are prey to so many diseases, the more that we are screened for the better. It does not make much sense to screen only women, and only for some rare disease, such as cervical cancer. Why not screen also for hypertension, diabetes, glaucoma, toxoplasmosis, coronary heart disease risk factors, ovarian cancer, lung cancer, breast cancer, gastric cancer, prostatic cancer, melanoma, testicular cancer . . . ? And surely the more often we screen, the better the chances of detecting something wrong. Screening for many diseases is not a one-off procedure but a repetitive process. Nothing so far? Be a good girl and keep on with breast self-examination. It keeps one's mind wonderfully concentrated on matters of life and death. In monastic orders they used to call it *memento mori*.

According to the Committee of Experts of the Council of Europe, preventive screening, applied without a clinical indication, 'intends and (implicitly or explicitly) guarantees a positive direct contribution to the health of the population concerned'. Mark the word 'guarantees'. Do we have such guarantees? And what about the positive direct contribution to an individual concerned?

Is not the person invited for screening entitled to full disclosure of the likelihood of any adverse effects besides the promise of benefit? If the doctor were to admit frankly that, say, according to the latest Swedish study, only one in 65,000 women offered mammography benefited per year, he might

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be stuck for an answer to 'doctor, you must be joking', uttered by a bewildered woman.

The likelihood of having a false-positive result is a function of a number of the tests. After all we are normal only because we have not been tested thoroughly enough. The resulting anxiety, further diagnostic tests which are not necessarily harmless, and occasionally unnecessary surgery due to false-positive tests in large numbers of healthy people may well outweigh the potential benefit for the lucky few. If a doctor does not inform healthy clients about these complications he should expect to run the risk of being sued. However, to admit that some screening tests are not very accurate, that treatment for the screened condition is not very successful, and that he has not himself been screened, may be more than discouraging for potential screening candidates. If the doctor tells the truth that her husband does not know his cholesterol number, and that she does not test the stools of other members of the family for occult blood every six months, the patient may not be terribly keen to have it done himself.

There is an ethical asymmetry between a situation in which a patient knocks at the door of your surgery and shouts 'Help!', and a situation in which you accost a person in the street and invite him in for the latest test which will prevent some terrible disease. In the first case you practise ordinary medicine: you may not know what is wrong with the patient, and you may have no cure, but the poor lassie or chap is in trouble and has nowhere else to go (except perhaps down the road to an acupuncturist). You console the patient, give him hope and reassurance, you treat him (often with informed consent) and hope for the best. Most of them get better, and you promised nothing. In the second case you are asking for trouble. You are soliciting custom without a guarantee of benefit, and things can go wrong. The client, healthy until he met you, may well ask for his 'money back' through the courts. It is a Catch 22 situation. If you dismiss a mildly abnormal 'pap' smear and the woman develops

cancer, you will hear from her through her solicitors. If, on the other hand, you refer 10 per cent of your patients for colposcopy and various unpleasant ‘treatments’, they will think that your use of speculum is too speculative and avoid you next time. The argument that they have been asking for it is not going to hold water for much longer, as the demand has been created by false promises emanating from the medical profession.

6 Unhealthy obsession with health

There are people who strictly deprive themselves of each and every eatable, drinkable and smokeable which has in any way acquired a shady reputation. They pay this price for health. And health is all they get out of it. How strange it is. It is like paying out your whole fortune for a cow that has gone dry.

(Mark Twain)

There has never been a shortage of health messiahs, even in Mark Twain’s time, but they were seen by the man in the street as meddlesome cranks and fair game for ridicule. Sylvester Graham, a Bostonian health eccentric taught the importance of abstinence, bran and chastity. His followers, because of their gaunt, sickly looks, were locally known as the Bran and Sawdust Pathological Society. Nowadays the message is not preached from soap boxes, but transmitted through official governmental channels. That acute diagnostician of health follies, Lewis Thomas, noticed the change some twenty years ago. Writing in the *New England Journal of Medicine*,³⁸ he described the new American preoccupation with health and healthy food as an unhealthy obsession, turning the whole nation into healthy hypochondriacs, who believed that without constant surveillance by the medical profession the human body would fall apart and disintegrate. In the same journal,³⁹ Dr Leon White urged physicians to raise the public’s consciousness that ‘life style has become

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the prime health hazard of this country', which was close to saying that life is a dangerous disease, nearly always fatal. It would appear to be only a matter of time before a new medical speciality is established – orthobiostylist consultants, who advise on correct lifestyle.

As Barsky documents in his book *Worried Sick*,⁴⁰ only about a half of Americans are satisfied with their health, and that proportion is decreasing. Diet has become a major obsession and Americans are encouraged to eat 'healthily' to retard ageing, to boost their immune system, to heighten their sexual potency and to increase their creativity. Nearly all Americans (96 per cent) say they would like to change something about their bodies. Particularly vulnerable to this obsession are the middle and upper-middle classes. Health obsession in the White House has become normative. It is important for the image of the American President to be seen jogging, and for his wife to ban ashtrays from the White House. Politicians in other countries are joining the crusade too. For example, the British Health Minister, Virginia Bottomley banned biscuits at coffee breaks (to be replaced with fruit) and made it publicly known that she would abstain from alcohol two days in a week.

Keith Botsford, writing in *The Independent* described the American scene as follows:

Americans are indeed in a constant state of alarm about the immortality to which they seem to think they are constitutionally entitled. The phobias include smoking – active, passive, or aorist [sic!] – illness, drugs, guns, and, of course, carcinogens.⁴¹

This state of affairs is not orchestrated by some worldwide conspiracy, but is rather the result of a positive feedback between the masses stricken by fear of death and the health promotionists seeking enrichment and power. Simple minds, stupefied by the sterilised pap of television and the bland diet

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of bowdlerised culture and semi-literacy, are a fertile ground for the gospel of the new lifestyle.

The American sociologist Renée Fox has argued that the input by the medical profession into the increased preoccupation with health is only one variable in the equation. The other component is the human need to use health as 'a coded way of referring to an individually, socially, or cosmically ideal state of affairs'.⁴² In the past medicine and magico-religious rituals were fused into one explanatory system that accounted for health, disease, strength, fecundity and invulnerability, all of them being supernaturally conferred. In modern society, medicine has largely separated from religion, but health has retained its religious, or rather, pseudo-religious, metaphysical, mystical symbolism. For example, Rick Carlson writes in his book *The End of Medicine*:

We have not understood what health is . . . But in the next few decades our understanding will deepen. The pursuit of health and of well-being will then be possible, but only if our environment is made safe for us to live in and our social order is transformed to foster health rather than suppress joy. If not we shall remain a sick and dependent people. The end of medicine is not the end of health but the beginning.⁴³

Fox cites Carlson as an example of the demedicalisation tendency, which runs opposite to the professional medicalisation of life. However, as Illich pointed out, this 'self-help' activity is codified by another group of health professionals. Illich counted 2,700 books published between 1965 and 1975 in the USA alone 'that teach you how to be your own patient'. Between the 'official' and 'alternative' medicalisation, the slaves are merely adorning their chains with flowers.

A dying century and a dying culture makes war against death its main preoccupation. Christopher Lasch in *The Culture of Narcissism* analysed the paradox of Western societies,

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particularly the USA, that in an age of diminishing expectations, that is when faith in the future declines, the expectation of remaining 'healthy', if certain rituals are followed, increases. The resolution of the paradox, according to Lasch, is narcissism.⁴⁴ Having lost historical continuity with the past and without the hope that one's children will continue in the search for decency pursued by our forefathers, human life suddenly shrinks to the individual's life span. One's death becomes an injustice, an unfair confiscation of one's only asset – life – and must be fought against, avoided and tricked.

Pathological in its psychological origins and inspiration, superstitious in its faith in medical deliverance, the pro-longevity movement expresses in characteristic form the anxieties of a culture that believes it has no future.⁴⁵

In the *Utility of Religion*, John Stuart Mill thought that

It is not, naturally and generally, the happy who are most anxious either for prolongation of the present life or for a life hereafter; it is those who never have been happy.⁴⁶

The narcissistic cult of youth, health and beauty, preached by health promotionists, increases the feeling of guilt and anxiety in an ageing population who would give anything for a magic mirror which would tell them that they are beautiful and needed.

The pursuit of the Holy Grail of Health is driven by the mistaken belief that health equals happiness. The New Age acolyte is exhorted to eat less fat, produce bulky stools, and buy an exercise bicycle. No more pain or love, no more suffering or despair, no more sacrifice or weeping. While gratuitous violence, terrorism and crime are on the increase, the minders of society talk about tackling the causes of this social unrest. Similarly, health promotionists are saying that 'there is no point in keeping on mopping up the water unless

the tap is closed' and, 'instead of pulling all these drowning people from the river, we had better find out who is throwing them in'. There is nothing wrong with these metaphors, except that it is not clear which river, people and lifesavers. Saving human lives is a noble deed. The famous Saint Bernard dog, Barry, now stuffed and exhibited in the museum of Natural History in Bern, saved 42 human lives – more than any health promotionist I know.

Virgil thought that 'he destroys his health by labouring to preserve it'. But health promotionists do not read Virgil. Ask them about Lucretius' *De rerum natura*, Rabelais's *Gargantua*, Montaigne's *Essais*, Cervantes' *Don Quixote* or about the poetry of Verlaine, the revolt of Lautréamont, or the compassion of Beckett – they are not on their reading list either. At best they will stare at you; at worst they will try to measure your cholesterol.

7 'Positive' health and its promotion

In 1926, the President of the American Medical Association, Wendell Phillips, announced that

Physicians must give a new significance to the word patient, for in the new order of things both sick and well people must and will be recorded in the lists of their physicians.

Just to be well would not be enough.

Too many of our inhabitants worry through life with only fairly good health and while they accomplish their daily duties, these fairly well persons may never know the exuberance and happiness of perfect health. Hence, one goal of the future practitioner of medicine will be the attainment and maintenance of exuberant health, which is the inherent right of every person. A higher average of overflowing good health means a higher average of happiness, comfort, usefulness and economic value of the

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individual. The superman will never materialize without superhealth.⁴⁷

This instructive passage, though written nearly 70 years ago, sounds surprisingly modern. It has all the ingredients of today's health promotion rhetoric. Health must be more than the absence of disease, it must be exuberant health, superhealth. Health is happiness and happiness is health. All healthy people must be under constant supervision. It does not omit to mention the 'economic value of the individual' and the nonsense of the 'inherent right' of everyone to superhealth. The superman idea is distinctly American. Is the function of medicine to turn people into economically useful, happy robots?

Phillips' idea of superhealth was incorporated into the Constitution of the World Health Organization in 1946, where health is defined as 'not merely the absence of disease or infirmity' but 'a state of complete physical, mental and social well-being'. The sort of feeling ordinary people may achieve fleetingly during orgasm, or when high on drugs.

In 1975, Dr Halfdan Mahler, Director-General of the WHO, addressed the Organization's Regional Committees and he chose as his subject 'Health for All by the Year 2000!' (the exclamation mark is his). He acknowledged that one has to be realistic since 'it will take another generation for the world's population to achieve an acceptable level of health *evenly distributed throughout it*' (emphasis added). At the end of his speech, Mahler confessed that he had not 'the slightest doubt that we shall reach this goal before the year 2000'.⁴⁸ The catchy title 'Health for All by the Year 2000' was subsequently adopted by the World Health Assembly in 1977 as its goal.

Anyone sick or, God forbid, on their deathbed, anyone not experiencing the euphoria of positive health, as defined by WHO, would spoil this objective. Old people drifting into the oblivion of dementia, sour spinsters, jilted lovers, ruined

gamblers, wives of drowned fishermen, victims of violence, or immured lunatics would also spoil the picture. Even Christians, in their boundless optimism, have been more realistic in deferring the promise of complete happiness to the afterlife.

In 1978, at the Lenin Palace in Alma-Ata, WHO assembled representatives of 134 countries, who unanimously adopted the Alma-Ata Declaration, reaffirming WHO's definition of health, and declaring such health to be a 'fundamental human right'. The delegates applauded the message from their host, Mr Leonid Brezhnev, who emphasised that 'questions of national health are constantly in the forefront of the activities of the Communist Party and the Soviet State'.⁴⁹ The delegates, including those from the Haiti of Baby Doc, the Uganda of Idi Amin, and the Central African Republic of Bokassa, besides representatives from scores of other murderous regimes, totalitarian states and military dictatorships, were confident that 'Health for All by the Year 2000' was an attainable goal.

In 1981, the 34th World Health Assembly adopted a 'global strategy for Health for All by the Year 2000' and, in 1983, the year's theme for World Health Day (April 7) was 'Health for All by the Year 2000: the Countdown has Begun' – a rather strange slogan, considering that the 'countdown' started at Alma-Ata five years earlier. In 1986, Halfdan Mahler was still optimistic: in his welcoming address to a Thai princess, he complimented the lady that Thailand is 'showing to the world that Health for All by the year 2000 is no Utopia'.

In Ireland, a leading health promotionist and professor of preventive cardiology stated, as reported in *The Irish Times* that 'by the year 2000 the commonest killers such as coronary heart disease, stroke, respiratory disease and many cancers will be wiped out'.⁵⁰ He saw his preventive activities as 'merely one small part of a great movement to make this a perfect world for all inhabitants of the earth. Only by such a movement can we expect to reach a state of Godliness'.⁵¹

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In 1988, according to a WHO press release, Dr Mahler received a symbolic present to celebrate WHO's fortieth birthday – it was the following 'poem':

Mankind's true/Health must come/With the new/
Millennium.
Heed the call/For common wealth/Health for All/All for
Health.

That this piece of unconventional verse warranted an official press release is indicative of the rarefied atmosphere which pervades WHO's headquarters.

We don't hear much about the 'countdown' any more. In the 1980s health expenditure per head of population fell in about half of the African, two thirds of the Latin American and one third of the Asian countries.⁵² In 1992, 1.2 billion people lacked water safe to drink, one in three children were malnourished, and three million children died of diseases preventable by immunisation.⁵³

The re-election of Dr Hiroshi Nakajima as the Director-General of WHO in 1992 brought the organization further into questionable repute.⁵⁴ WHO employs 1,400 people, with an average salary of around \$150,000 tax-free. For every \$2 it spends on actual programmes, \$8 goes on administration. WHO's Geneva office produces over 100 million pages of reports annually!⁵⁵

The Secretary-General of the World Medical Association, André Wynén, at a meeting in Vienna in 1986, described these WHO fantasies as something which 'physicians trained in a greater degree of exactitude can neither understand nor accept'.⁵⁶ Even with training in lesser degrees of exactitude, a layman would shake his head. Wynén dismissed the WHO's definition of health as too vague, too simplistic and as obliterating the meaning of disease. He also pointed out that preventive medicine is not a substitute for curative medicine, but a luxury for the healthy and an additional expense for

the health service. As with our ability to keep the more chronically ill, handicapped and disabled alive, and to enable more people to survive to old age, the inevitable consequence is an increased demand for hospital beds and medical services to deal with the degenerative diseases of vision, hearing, the cardiovascular system, the respiratory system, the musculo-skeletal system, the urogenital system, and, above all, of the brain.

The first WHO conference on health promotion took place in Ottawa, Canada in 1986 and resulted in the Charter for Health Promotion. The signatories included Ceaucescu's Romania and other communist dictatorships. The Asian and African countries, with the exception of Ghana and Sudan, did not attend. In the 1993 Annual Report of Amnesty International, 110 governments were accused of using torture in their prisons and police stations but WHO documents, naturally, never mention this drawback in their health declarations, as the same governments who sponsor torture also sponsor WHO health declarations.

The signatories of the Ottawa charter pledged:

to acknowledge people as the main health resource; to support and enable them to keep themselves, their families and friends healthy through financial and other means, and to accept the community as the essential voice in matters of its health, living conditions and well-being.

The signatories expressed their hope that by the year 2000 the WHO objective of Health for All would become a reality.⁵⁷

The British are traditionally a reticent people, taught to accept adversity with a stiff upper lip, to face the music with chin up and never to grumble. Thus views of visionaries such as Aleck Bourne in his book *Health for the Future* were seen as eccentric.⁵⁸ Bourne accepted the notion that health is something more than the absence of illness, and he urged that:

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We must get beyond the idea of preventive medicine . . . to a form of medicine and hygiene which is devoted to creating *positive* health . . . Moral delinquency, emotional extravagance, and spiritual numbness all cramp Man's highest expression and development. It should be our aim by coordinated effort to produce the Whole Man of high order. This is no foolish idealism but a goal to which Man's responsibility for his fellow should naturally lead. It is the means of ennobling our destiny. Man was intended to retain the 'image of God' with which he is born.

But it was only when public health in Britain fell under the dominating influence of American public health ideology that the health promotion rhetoric from both countries became indistinguishable. This ideology postulates that society needs anticipatory medicine both at individual level and at national level. Thus we hear about the need to change 'national cholesterol', 'national diet', or 'national alcohol consumption'. At the same time, individuals need personal counselling about their lifestyle, and regular medical screening. Although both countries have Christianity as their official religion, they remain selectively blind to the saying of Jesus, that 'they that be whole need not a physician' (*Matthew* 9, 12). The agnostic Montaigne put it more strongly:

Physicians are not content to deal only with the sick, but they will moreover corrupt health itself, for fear that men should at any time escape their authority.⁵⁹

The director of the Department of Health Education of the American Medical Association, William Carlyon, has accused health promoters of pursuing glittering vagaries of human happiness and medicalising mankind's yearning for Utopia.⁶⁰ Considering his job, it would not be surprising if he were retired or sacked. What Carlyon was worried about

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was the extension of legitimate preventive medicine, such as immunisation, pasteurisation, or sewage treatment, to the social, philosophical and spiritual domains, using the woolly, all-embracing definition of health from WHO. This kind of 'wellness' gives health promoters a carte blanche to meddle in any area of private or public life they choose. Matters of daily living – habits, attitudes, sexuality, beliefs – they all become legitimate concerns of health promotionists. As noted by I K Zola in 'Healthism and Disabling Medicalisation',⁶¹ while proffered solutions are ostensibly objective, scientific, and technical, and the whole process is masked by altruistic concern, the real objective is an increase of power. The ascetic rituals, the zeal with which the converts are sought, the gloating over each new ban, new fine, new tax, new restriction of simple pleasures, the cruel look of these puritans, 'whose self-righteous intolerance borders on health fascism', appeared to Carlyon as an ominous foreboding of things to come.

The *American Journal of Health Promotion* discussed various definitions of health promotion. The 'expanded' version was as follows:

Health promotion is the science and art of helping people change their lifestyle to move forward towards a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual and intellectual health.⁶²

And the health promotion officer was described in the *Health Education Journal* as 'a new specialist who would concentrate on the social, economic and other barriers to health'.⁶³ As some of these barriers include racism, intolerance, bigotry, contempt for losers and victim-blaming, the job of health promotion officer would be quite a handful. The journal *Health Promotion International* gave the year of birth of the health promotion 'paradigm' as 1975.

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Nations would like to adopt this paradigm, if not to replace the biomedical paradigm altogether, at least to establish health promotion concepts as co-equal with scientific medicine.⁶⁴

In the London School of Hygiene and Tropical Medicine, there is now a unit called Health Promotion *Sciences*. The health promoter is not only a scientist, but also a doctor, psychologist cum psychiatrist, social expert, spiritual advisor *and* an intellectual!

Health promotion is big business. Because it deals with universal happiness it is immune to criticism, which, anyway, could only come from misanthropists or fools. The theory is provided by academics in university departments and by experts and consultants employed by government, the practice is implemented by entrepreneurs running health shops, health clubs, health farms, health promotion magazines, holistic centres, and screening clinics (some for 'executives', some for 'well women', some for just anyone). Food industrialists and manufacturers of pills have already joined the health promotion bandwagon. The Institute of Health Promotion at the University of Wales College of Medicine was set up in 1984, with the aim 'to develop academic and research expertise in health promotion'. At their second international summer school (co-sponsored by WHO), participants were promised that they would learn everything they wanted to know about how to 'create momentum and change' by skilful 'social marketing' and 'using the media'. In 1986 the Institute launched a new magazine called *Positive Health*. In 1987 the Faculty of Community Medicine of the Royal College of Physicians launched their Health for All by the Year 2000 bulletin. A new academic body, Health Promotion Associates, has also been formed, which, by combining their individual strengths, will 'promote themselves under a common banner'.⁶⁵

Serious doubts about the motives and value of the health

promotion movement have been expressed by medicine watchers, philosophers, and doctors themselves. An editorialist in *The Lancet* called the movement a bandwagon, and described the evidence for the effectiveness of 'health checks' as 'extremely limited', since they neither reduce morbidity nor mortality, while they contribute to an increase in the cost of health services.⁶⁶ The promissory notes issued by the prevention clergy (indulgences for non-indulgent behaviour?) are unlikely to be cashed in for real gold in the future.

A bulky report, *The Nation's Health*, published in 1988 and offering 'a strategy for the 1990s', was dismissed by both *The Lancet* and the *British Medical Journal* as moralistic, naive and full of half-truths.⁶⁷ In the ensuing correspondence in the *British Medical Journal*, the report's authors showed their tetchiness by objecting that their report was reviewed by a 'general physician'.⁶⁸ The general physician was in fact a professor of medicine with a special interest in preventive medicine. Yet, in the preamble of the report it is mentioned that the text should be 'accessible not only to the specialist' but also to the 'general reader' (but obviously not to a 'general' physician).

The US Professor of Public Health, Marshall Becker, described health promotion as based on wishful thinking since the domain of personal health over which the individual has direct control is *very* small, when compared with heredity, culture, environment, and chance.

We are bothering and frightening people about far too many things, we campaign under the banner of denial of pleasure, and we cannot even agree on the scientific validity and importance of most of our recommendations.⁶⁹

Gill Williams in the *Journal of Medical Ethics* pointed out that health promotion 'experts' use unfounded claims as the basis of their 'expertise in health' and leave the public prey

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to sharp practices and naive beliefs.⁷⁰ The aims of the health promotion movement are so vague (such as, 'any combination of health education and related organisational, political and economic interventions designed to facilitate behavioral and environmental adaptations that will improve health') that the field is wide open to administrative empire-building on a vast scale. 'Health' is being promoted by the same methods as a new brand of washing powder. Williams suggested that the health 'consumer' should be protected against the hard sell of health tradesmen with an equivalent of the Trade Description Act, which would enable him to claim damages when offered shoddy goods or misleading advertisements.

Cosmopolitan's observer of human follies, Irma Kurtz, recognised the self-centred character of the new health religion. Writing in the *Journal of Medical Ethics* she described it as a paltry faith, which has nothing to do with improving the lot of one's fellow men, but which worships only Self.⁷¹ Who would like to be remembered as someone who spent every day of his life 'keeping fit', avoiding the sun (jogging in a wide-brimmed hat?), cholesterol and smoking friends, and depositing daily bulky stools (bran is good for you)?

The Guardian reported that an 'intelligent toilet' was being developed in Japan.⁷² It automatically measures indices of health and disease in the stool and urine, and if the user inserts a finger into a device built into one side of the toilet, it gives an instant record of pulse rate and blood pressure. The spokesman for the research team said:

It is our dream that some day people's homes will be linked via communications lines to a health center which could monitor the changes in vital signs read by the toilet.

8 Green healthism

A return to nature is a recurrent dream of those who cannot cope with the complexities of life, who prefer a simple vision to the confusing kaleidoscope of industrial societies, who wish to regress to an infantile stage and to bury their faces between the welcoming breasts of Mother Nature. Some may romp naked in the woods, others grow their own 'organic' vegetables and make their own sandals, while those more philosophically minded conjure up utopian vistas of the holistic harmony of Man and Universe. These harmless yearnings can be harnessed by the ideologies of healthism and forged into a political movement. Such romantic tendencies tend to flourish when times are out of joint, when traditional idols of authority have fallen. The feeling of emptiness and alienation, and the fear of the future facilitate the spread of the 'green' ideas.

The ecologist John Horsfall noted that green ideology appeals to the scientifically innocent, who worry a lot about the environment, but cannot distinguish between real dangers and mere scare stories, between science and pseudoscientific apocalypics.⁷³ And Andrew McHallam, of the Institute for European Defence and Strategic Studies, sounded a warning in his pamphlet *The New Authoritarians: Reflections on the Greens*.⁷⁴ Even though the Greens in Europe have a minimal parliamentary representation, their ideology is part of our *Zeitgeist*, reflecting the thinking and attitudes of the majority. Much of the appeal of the Greens is based on their apparent concern for the health of the people, believed to be endangered by capitalist industry which pollutes air, water, food and minds. Their promise of a happy future, and their apparent anti-authoritarianism appeals to the middle class. People do buy 'environmentally friendly' products, they do worry about the 'greenhouse effect', 'global warming', and the 'ozone hole'. They are allergic to the 20th century and they study E numbers on food packages.

The Greens' utopian romanticism is shot through with

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ecosocialist ideas of 'stringent economic controls and coercion on a massive scale'. Their totalitarian plans are accompanied with a strong religious sentiment based on neo-paganism, which elevates Earth to a deified state – the mother goddess Gaia.

The Green movement as a political force is a new phenomenon, but its romantic content can be found in earlier versions. Paul Weindling details several communities in Germany and elsewhere, founded towards the end of the last century, whose aim was physical, social and spiritual revival.⁷⁵ One such community near Ascona attracted the attention of such revolutionaries and anarchists as Bakunin, Kropotkin, Lenin and Trotsky. The ingredients in the ideological mix of these communities were a return to nature, mysticism, anarchism, vegetarianism and replacing butter with margarine. The communes of hippies in the 1960s shared certain similarities with these early predecessors.

The disintegration of German society after the Versailles treaty created a fertile ground for ideas of racial purity, physical strength and beauty, and for a 'natural' way of life. As Robert Proctor documents in his book *Racial Hygiene: Medicine under the Nazis*, the early days of Nazi Germany saw the revival of the romantic ideals of health.⁷⁶ What Germany needed was a 'new German science of healing'. Deaths from heart disease and cancer were seen as proof of the failure of orthodox, 'Jewish' medicine. A 'natural' diet, such as whole-grain bread, was recommended for preventing common diseases. Alcohol and tobacco were described as 'racial poisons' or 'genetic poisons'. Paracelsus became the symbol of the new medicine, based on naturopathy, homeopathy, anthroposophy and other pseudo-sciences. The teaching of 'natural' medicine was integrated into the curricula of medical schools. What was needed was a holistic medicine which would restore the German race to its full physical and spiritual potential. To be healthy was a duty of every responsible German citizen. 'To be healthy and remain healthy is not just your per-

sonal business: to be healthy is your duty', stated one health promotion journal in 1938. The Green movement contains the seeds of a new totalitarianism, but that does not make it Brown. Its existence merely demonstrates that irrationalism is again rampant, and that 'return to nature' can again be exploited for totalitarian ends by not-so-green politicians.

Ambrose Evans-Pritchard, describing how irrational environmentalism has possessed the United States government, observed that the discredited Marxist ideas of centralised state control have now found their new expression under an environmental guise in the Green movement.⁷⁷ The politically correct and scientifically corrupt Environmental Protection Agency (EPA)

has now become the most powerful and intrusive instrument of federal power [which] tells people which colour they can paint their house, whether they can drain a puddle on their land or cut down a tree.

9 Thanatophobia and the medicalisation of death

When death strikes 'before its time', the victim's lifestyle becomes the subject of scrutiny. Death does not just happen. Something or somebody must be blamed. Obituarists casually search for snippets from the dead person's way of life which would 'explain' the timing and the mode of death. When a 33-year-old friend of an epidemiologist suddenly died of a heart attack, without having any 'risk factors', the epidemiologist was greatly puzzled and so were his medical colleagues. 'The heart attack should not have occurred in this patient', was the verdict of experts. But it did. It was not fair. Was he a secret smoker? Had he used too much salt at home, even though he appeared to be shunning it in the hospital canteen? Then, finally, one doctor solved the mystery – the young man was a 'couch potato'.⁷⁸

As Illich put it, 'death no longer occurs except as the self-fulfilling prophecy of the medicine man'. It is commonplace

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that when a person dies of a 'preventable disease', such as cancer or heart disease, doctors can 'explain' the death by unhealthy 'behaviour', that is, by the person's misbehaviour. 'Socially approved death happens when man has become useless not only as a producer but also as a consumer' of heroic 'anti-death treatment'.⁷⁹ This attitude is evident in the categorisation of deaths into 'premature', that is, preventable, and occurring before the onset of pensionable age, and post-mature, when the person is no longer productive and becomes a financial burden on the state. The hero in the 'heroic' treatment is not the doctor but the patient, whose death becomes socially acceptable only when he fails to respond to desperate remedies. Many cancer patients are forced into this involuntary heroism by their enforced duty to consume anti-death 'treatments' to the bitter end.

Until about the 16th century, death was accepted as a part of the natural order of things. The prolongation of life then became a doctor's 'most noble task'. With increasing single-mindedness doctors have seen themselves as valiant generals fighting against their arch-enemy, Death. Medical discourse became the language of war. Deadly treatments were called heroic, doctors were wrenching victims from the clutches of death. Cold steel and searing fire were part of the armamentarium of the medical corps in the desperate war against the ultimate aggressor. And in our times fear of death has become all-pervasive: the healthy delude themselves by believing that certain rituals frighten death away; the sick pin their hopes on doctors who could snatch them from the path of the Grim Reaper's scythe, and the doctors, by dint of repetition, are victims of their own propaganda which allows only euphemisms for Holy Dread.

Before the medicalisation of death took place, books about the art of dying, *ars moriendi* were popular, allowing for the preparation for death in the circle of family and friends, studying 'the last words' of the famous, and learning the traditional ceremonial of conducting one's last affairs from

the death-bed. Without effective means of postponing death, the last grains of sand fell through life's hour-glass without external interference. Yet the dying were more in control of their end than now, when the moment of death may mean the unplugging of a life-support machine.

Many spend their lives in mortal fear of death – ‘that second, which we wait for with bated breath all our life’ (Seifert). In extreme cases, fear of death may be further compounded by the fear of not being dead when buried. Most people who have been around for long enough would be able to recall incidents of having had a close brush with death, as ‘fortune, not wisdom rules the life of man’. Montaigne mused:

Having escaped so many precipices of death, whereinto we have seen so many other men fall, we should acknowledge that so extraordinary a fortune as that which hitherto rescued us from those eminent perils and kept us alive beyond ordinary term of living, is not likely to continue long.⁸⁰

For Montaigne, breaking one's neck in a fall, being drowned in a shipwreck, or dying of a disease was as ‘natural’ as dying of decrepitude. He did not think that wishing for a long life was wise, quoting Lucretius: ‘when once the body's shaken by the violence of time, blood and vigour ebbing away, and judgement then also halts, the tongue trips, and the mind dotes’. Similarly, Cicero, in his *Tusculan Disputations* thought it was a folly to think it wretched to die ‘before our time’. What is ‘our time’? ‘Should we then mourn more those who died in infancy than those who die in middle age? What life time in fact is long . . . compared to eternity?’ (1, 39).

And Terence, in *Phormio*, gives lines which any jogger would do well to memorise as he runs away from death:

Wherefore everyone, when fortune smiles the brightest,
closely then ponder should within his heart

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how hardship's onset he may bear;
Let him think on perils, losses, from abroad as he returns,
son's misdeeds or wife's departing or disease of daughter
loved;
Think these things man's common lot are,
lest one strike the mind as strange:
Luck that passes expectation should be reckoned all as
gain.

(2.1.11)

The tabooisation of death by healthists, their belief that the death sentence can be remitted by a 'prudent' lifestyle is an ostrich-like denial of reality. Religion may be an immature response to the tragic fate of man, but at least it accepts the harsh reality of human suffering. The healthist manuals have nothing to say about human relationships, loneliness, degradation, betrayal, injustice, shattered hopes, despair. Furthermore, to live in fear of death is to fear living.

Marguerite Yourcenar made the Emperor Hadrian utter these memorable words:

When useless servitude has been alleviated as far as possible, and unnecessary misfortune avoided, there will still remain as a test of man's fortitude that long series of veritable ills, death, old age, and incurable sickness, love unrequited and friendship rejected or betrayed, the mediocrity of life less vast than our projects and duller than our dreams, in short, all the woes caused by the divine nature of things.⁸¹

II

Lifestylism

1 Recipes for longevity

From time immemorial people have tried to cheat death by magic, prayer or dietary regimens. In one of the finest surviving epic poems, dating back to the third millennium BC, the Babylonian-Sumerian hero, Gilgamesh, strove for immortality but a divine barmaid, Siduri, advised him to face reality and use his allotted days for enjoyment:

O Gilgamesh, let thy belly be full, day and night be thou merry. Make every day a day of rejoicing, day and night do thou dance and play.¹

Extreme longevity, preferably in a state of permanent youth, was next best and human annals overflow with amusing stories about how this might be achieved. Even in this century, serious scientists have believed that they have found the means of rejuvenation. Philosophers and physicians have competed for the monopoly of being the final arbiters of what is a 'healthy' life. While health is not synonymous with a long life, the two concepts are commonly conflated.

The pursuit of longevity used to be a private matter, while the health of subjects or slaves was of interest to rulers only in so far as their fitness for military service was concerned. With the rise of nationalism, the same concern applied for the survival of the nation against the enemy. Thus, for example, smoking was prohibited by sultans, kings and dictators not because it harmed the health of their subjects but because it

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impaired their fighting ability or their fertility and so their prospects for producing more soldiers and slaves.

The concerns of Western governments today about 'the health of the nation' are couched in economic terms, without any supporting evidence that caring for the elderly, who are economically unproductive and who consume a considerable portion of the health budget, is economically advantageous. Clearly reasons other than economic ones must be identified to account for the ideology of healthism.

While the term 'lifestyle' is part of modern health-promotion jargon, and has various historical precedents, it is not equivalent to doing one's own thing, *modus vivendi*, *vitae modus*, or living in style. (Aristocrats, who live in style, are unlikely to pay much attention to transient fashions in health promotion.) The modern use of the term 'lifestyle' implies following a certain specific regime, which includes dietary obsession, prescribed forms of exercise, the avoidance of 'unhealthy behaviours', the reduction or elimination of 'risk factors', and regular attendance for medical check-ups and screening. Such a 'lifestyle' is politically correct, and as such is of little interest to the poor and powerless.

A short historical excursion may help to put various manifestations of lifestyle promotion and its ideology ('lifestylism') into context. In ancient India, great emphasis was put on disease prevention, with specific injunctions about activities such as toothbrushing, combing, diet, exercise, not being a witness or guarantor, avoiding crossroads, or not urinating in the presence of supervisors, cows or against the wind.²

For the Jews, the source of disease was God who used it as a means of punishment. Thus, for example, sinners were smitten with pestilence (*Exodus* 9, 14), burning ague (*Leviticus* 26, 21), consumption, inflammation, extreme burning (*Numbers* 15, 37), leprosy (*2 Kings* 15, 5), or other scourges, such as 'the emerods', the scab, the itch, madness and blindness (*Deuteronomy* 28, 15). In such circumstances, a correct lifestyle was blind obedience to God's commandments, and

the righteous and virtuous were rewarded by longevity. Any amount of fibre would not change one's fate an iota.

In ancient Greece, various medical and philosophical sects came up with theories of disease causation and its prevention. The Hippocratic notion of disease was a breakdown of the body's homoeostasis, mainly due to a wrong diet. The general rule was moderation. In *Ancient Medicine*, the Hippocratic author states 'that the discomforts a man feels after unseasonable abstinence are no less than those of unseasonable repletion'. Similarly, Aristotle, in his *Ethics*, advocates moderation, using moral language: 'He who revels in every pleasure and denies none is intemperate; he who avoids them all is boorish and unfeeling'. There was little ancient Greek medicine could offer to patients, except philosophical comfort and placebo 'cures', as practised in Aesculapian temples, where patients were 'incubated', that is slept in beds, and 'cures' appeared to them in their sleep. Cynics and Stoics viewed disease as an indifferent thing, to be suffered stoically, and if need be, escaped by suicide. This attitude was sensible, as there was no real alternative. Health and beauty were admired and treasured, but seen as a gift of the gods, rather than personal achievement. Old age was not valued as such. In Plato's *Republic* (BKIII) the gymnastic teacher Herodicus reaches old age in a prolonged death struggle. Hesiod's golden race died swiftly, in their sleep, without reaching old age. In the myth about Pandora's Box, Zeus sent the beautiful temptress Pandora to punish mankind for stealing the heavenly fire. Prometheus warned his brother Epimetheus not to touch any gifts sent from above, but Epimetheus succumbed to Pandora's charm. Out from her box of gifts (the container was, in fact, a large amphora) came wars, pestilence, hunger and other scourges of mankind, including old age.

With the advent of Christianity, health ceased to have any importance, except as an indication of God's pleasure or displeasure. The human body in texts of Christian mystics

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became ‘clay and gore’, and a ‘filthy bag of excrement.’³ Woman was a ‘vessel of the devil’, and man a wretch only fit for hell if he clung proudly to his humanity. Abbot Odo of Cluny, for example, referring to a woman’s body, wrote in the 10th century: ‘And we, who loathe to touch vomit or manure even with a fingertip, how could we desire to clasp a very sack of excrement in our arms’.⁴

To live in filth was a sign of sanctity. In the Lives of Saints, we read about the holy men and women who never washed, and whose bodies were teeming with insects. Disease was a God-sent gift to make the sinner a better man and to remind the faithful of the much worse torments of Hell. Dauphine of Puimichel, who became a saint, was of the opinion that if people knew how useful diseases were for the salvation of the soul, they would queue for them at the market.⁵ Health was dangerous (*perniciosa sanitas*) in that it diverted man’s attention from the Last Judgement, while disease was a healthy reminder of the need to mend one’s ways (*salubris infirmitas*). Such oxymorons as ‘healthy disease’ and ‘unhealthy health’ characterise the Christian love of obscure paradoxes, the most famous being Tertullian’s *certus est quia impossibile* (it is quite certain, because it is impossible), loosely paraphrased as *credo quia absurdum*. The adoration of disease by Christians reached a masochistic frenzy in 17th-century convents, when nuns were reported as kissing malodorous, oozing sores, licking vomit, rubbing themselves with pus from patients, or wrapping their bodies with bandages soaked in the effluvia from chancres.⁶

The first widely circulated manual of a healthy lifestyle in Europe was *Regimen sanitatis*, product of the first medical school in Salerno, some 30 miles south of Naples, which flourished in the 12th and 13th century. It was an eclectic institution, with many women on the staff, and happily mixing Greek, Latin, Jewish and Arabic medical learning. There is no ‘standard’ text of the *Regimen*, as around 100 manuscripts are still extant, dating from the 14th to 16th centuries.

Lifestylism

With the introduction of printing, the *Regimen* became one of the greatest bestsellers of all times, with between 500 and 1,000 different editions and translations. The first English translation by Sir John Harington, inventor of the water-closet and a prankster at the Elizabethan court, appeared in 1607. The first lines of the *Regimen*, loosely translated from the original Latin, read:

From the entire school of Salerno, greetings to you, the King of England. If you want to stay hale and healthy, stop worrying about trifles and do not allow anger to take hold of you. Do not drink too much wine, and do not overeat. Have a light lunch and skip the afternoon nap. Have a pee before your bladder gets too distended and do not strain too hard when at stool. If there are no doctors around, do not worry: the best doctors are a happy mind, the absence of stress, and moderation.⁷

This is not bad, compared with many subsequent regimens. The rest of the Salerno *Regimen*, however, vacillates between amusing nonsense and absurdity, such as, wine and women are bad for your eyesight, and so are garlic and lentils, or, avoid eating geese on the first of May and the last day of April and September.

Aristocrats had their personal physicians who advised them on healthy lifestyles in a tailor-made fashion. For example, the 15th-century physician, Conrad Heingarter, gave the following advice to Jehan de la Gutte: having first cast his horoscope he then recommended exercise ('one of the nobler and better treatments for the human body in regulation of health and prolongation of life'), proper mastication [this became the hallmark of the health movement in the 19th century under the name of 'fletcherism'], avoidance of gluttony and the use of a varied diet, including vegetables and bran bread, drinking wine in moderation, brushing the teeth, frequent bathing, avoiding narcotics and environmental pollution with

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metallic fumes, avoidance of sexual excess, and not sleeping on one's back. Furthermore, Heingarter warned Jehan to be on guard against quacks, who 'promise with their lies health, flattering for money'.⁸ Altogether not bad advice for the 15th century.

In a 16th-century Gaelic manuscript, used by physicians to the Scottish kings, edited by Gillies in 1911 under the title *Regimen Sanitatis*, similar advice to that of the Salernian *Regimen* is given (eat but a little food, take exercise, and be of cheerful mind), but, in addition, the first signs of the British preoccupation with the bowels appear – two to three evacuations every 24 hours are deemed necessary for one's health.⁹

If the rich were privileged to have their personal physicians to advise them on healthy living, what about the poor. While today poverty is associated with ill-health, and according to medical moralists, much of this ill-health is due to an 'unhealthy lifestyle', in the past the well-off moralists argued that poverty was conducive to health, while wealth was the cause of disease. Burton wrote that the rich man may have

variety of dishes, better fare, sweet wine, pleasant sauce, dainty music, gay clothes . . . but with them he hath the gout, dropsies, apoplexies, palsies, stone, pox, rheums, catarrhs, crudities, oppilations, melancholy, etc.¹⁰

Poverty was recommended by Seneca (who was fabulously rich) as conducive to virtue, with health thrown in for good measure. However, as Burton adds, it is an easy matter when one's belly is full to declaim against feasting. Hypocritical preaching against affluence by the ideologues of the ruling classes has two useful purposes: it justifies the 'virtue' of poverty, and presents the rich as objects to be pitied.

Luigi Cornaro's *Discorsi della vita sobria*, published in Padua in 1558, went through innumerable editions and translations, and was used as a manual of healthy lifestyle well into the 20th century. The last British edition was published

in Oxford in 1935.¹¹ Cornaro's story was typical of health reformers, who are often in poor health, until they discover something which makes them feel better and develop it into a universal panacea. Cornaro led a life of excess, and by the age of 35 he felt so sick and miserable that 'the only delivery I had to hope for was death'. Some doctors advised him to cut down on his food intake, which he took to heart. He eliminated from his diet melons and other fruit, raw lettuce, pulses, cakes, fish, pork and sausages, He subsisted on bread, soup, eggs and kid or mutton, allowing himself exactly 12 ounces of food and 14 ounces of fluid (wine) a day. Towards the end of his life he limited his food intake to an egg or two a day. It is not certain how old he was when he died. Various sources give his age as between 95 and 104. Cornaro is a good example that if someone is born to live long, it does not matter a damn what he eats and what he eschews. People are always curious to find out what centenarians did to reach such a blessed age, as if such unique lives held the answer to the mystery of longevity. Compton Mackenzie recalled with delight that a Pheasy Molly, who had been a heavy smoker all her life, died at Buxton at the age of 96 after setting fire to her clothes when lighting her pipe at the fire.¹² In 1856, a Mrs Jane Garbutt died in her 110th year at a village in the North Riding of Yorkshire, and enjoyed her pipe until the end. And *The Lancet* reported the death of a pauper, Mary Galligall, at the age of 102 in Shrewsbury Workhouse.

By the kindness of Dr Keate, the house-surgeon, she had many privileges not usually accorded to paupers, among which were her lunch, her glass of gin, and her pipe, which were duly provided at 11 o'clock each morning. On New Year's Day she finished her gin and smoked her pipe as usual, and then quietly lay back and died.¹³

Another such case was mentioned in the *Medical Press* in 1883. A Mrs Mary Murray, an itinerant bookseller, had died

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at the age of 110. She was said to have been fond of a glass of punch and smoked a very black dudheen.¹⁴ The *Provincial Medical Press* reported the death of a 'worthy old dame' at the age of 106. Her longevity was

popularly ascribed to a habit of smoking good tobacco which the perennial Welshwoman acquired in her early youth. Till the day preceding her death she never missed her habitual constitutional promenade, and might be seen stumping quietly along on a pair of crutches, a smile on her lips, and . . . a pipe between her teeth.¹⁵

While the majority of centenarians are women, the world's oldest person (according to the *Guinness Book of Records*) was Shigechiyo Izumi, a Japanese man who died in 1986, at the age of 120. He attributed his longevity to his lack of worries, rising at five or six in the morning, having a flask of sugar cane spirit with his dinner of vegetables, and to divine grace.¹⁶ Jeanne-Louise Calment, who was the oldest living person in the world, following the death of Mr Izumi, celebrated her 116th birthday with a cigarette and a glass of port, which she allowed herself each day while eating chocolates. 'I'll probably die laughing', she told reporters.¹⁷ In 1991, the *Neue Zürcher Zeitung* published a piece on the oldest inhabitant of Bern, Fritz Käch. 'I have never done anything particularly healthful', chuckled the old man, 'I only stopped smoking when I was 53'. He celebrated his 106th birthday with cognac, as he would never say no to a glass of spirits.¹⁸ The oldest person in Britain, Mrs Charlotte Hughes died at the age of 115. She said she owed her long life to healthy eating – her breakfast on her birthday was brandy, bacon and eggs – and to observing the Ten Commandments.¹⁹

Others achieved their longevity by more unusual means. Robert Chesebrough, on his deathbed in 1933, attributed his longevity to having swallowed a glob of Vaseline every day for 72 years; he was 96.²⁰ And Archibald Lyall, in his *The*

Future of Taboo in These Islands, recalled a Scottish duchess who lived to be a hundred. On being asked how she did it, she replied, that all her life she had made it a rule to have a bath at least once every six months, whether she needed it or not.²¹ Readers may provide their own anecdotes about ‘Uncle Norman’, who lived to 90, having smoked and drunk all his life. While such stories make no epidemiological sense, that is, they do not apply for all smokers and drinkers, they surely have some relevance for the direct descendants of Uncle Norman, as longevity is to a large degree an inheritable asset. The other side of the lottery of life is encapsulated in the Spanish proverb ‘*El que no fuma, ni bebe vino, el diablo le lleva por otro camino*’ (The Devil will take you away whether or not you smoke and drink).

When Voltaire visited Georgian Britain in 1728, he found the local inhabitants rather eccentric in their pursuit of health:

Reason is free here and walks her own way, hypochondriacs are especially welcome. No manner of living appears strange: we have men who walk six miles a day for their health, feed upon roots, never taste flesh, wear a coat in winter thinner than your ladies do on the hottest days. All that is accounted by a particular reason, but taxed as folly by nobody.

Yet this was also the time when Britain was awash with drink. Health fanaticism existed side by side with the Gin Craze, made memorable by Hogarth’s print; puritans coexisted with hedonists. Samuel Johnson, the British institution of lexicography and witticism, declared that the greatest pleasure in life was ‘fucking, and the second was drinking’. He wondered why there were not more drunkards, ‘for all could drink tho’ not all could fuck’. This pearl was recovered from the dross of literature by Roy Porter.²²

The excess of the Georgians was followed by the asceticism

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of the Victorians. In the 19th century, drunkenness became medicalised as a 'disease', though moralists continued to see it as a beastly vice. William Cobbett, the political journalist, who also dabbled in literature, declared drink to be 'one of the most odious and destructive vices in the black catalogue of human depravity', merely echoing the puritans' refrain. In his *Advice to Young Men*, Cobbett even warned them against 'the slavery of the tea, coffee and other slopkettle'.²³ Today's epidemiologists are still struggling with the notion that coffee may be carcinogenic.

As smoking is now being driven from the workplace, it may be of comparative interest to note that in Lichfield, in 1852, clerical workers were bound to adhere to a code of work, which included the following admonishment: 'No talking is allowed during business hours. The craving for tobacco, wines and spirits is a human weakness, and, as such, is forbidden to all members of the clerical staff'. The staff were also expected to attend morning prayers, held every day in the main office.

The 19th century produced its crop of health messiahs. One of the most influential health reformers was Sylvester Graham (1794–1851). He clearly did not enjoy a long life, but he became famous for his advocacy of bran bread and the biscuits which still carry his name. Among mockers he was known as the Peristaltic Persuader, and he was disliked by bakers and butchers since he insisted on the necessity of baking one's own bread and eschewing meat which was fuel for carnal lust. His hygienic doctrine, guaranteeing a long healthy life, included the avoidance of tobacco, alcohol, coffee, tea, spices, and salt. Sex was particularly dangerous, especially in the form of the 'solitary vice', which caused diabetes, jaundice, acne and bad teeth. It was Graham's teaching which subsequently became the health doctrine of the Seventh Day Adventists, since the founder of the sect, Mrs Ellen Harmon White, was a Graham follower. Details of this fascinating history are to be found in a delightful book,

appropriately entitled *The Nuts among the Berries* by Ronald Deutsch.²⁴ When the Adventists established their headquarters at Battle Creek, in Michigan, Dr John Harvey Kellogg was appointed the first medical superintendent of the health farm, known as the 'Sanatarium'. It was there that the second greatest American invention (after Coca-Cola), the cornflake breakfast, was discovered by Kellogg. He was a medical doctor and a character larger than life, yet, like Graham, he has no entry of his own in the 1956 *Encyclopaedia Britannica*. He was a prolific writer, especially strong on sexual hygiene and healthy lifestyle. As Deutsch pointed out:

Kellogg made of Battle Creek a veritable fountainhead of faddism. It became the nation's chief clearing-house for an astonishing array of nostrums, messianic food promoters, millionaire cranks and international quacks.

In *Man, the Masterpiece, or Plain Truths Plainly Told about Boyhood, Youth, and Manhood*, first published in the 1880s and reprinted in numerous editions, Kellogg lists 39 'suspicious' signs of solitary vice. Sign 28 – the use of tobacco – has the following comment: 'exceptions to this rule are very rare indeed, if they exist, which we somewhat doubt'.²⁵

The good doctor spent a lot of sleepless nights worrying about the best cure for masturbation. In *Plain Facts for Old and Young*, quoted in John Money's excellent book on Graham and Kellogg,²⁶ Kellogg recommends 'application of carbolic to the clitoris as an excellent means of allaying abnormal excitement', and for boys he suggests 'tying the hands', 'covering the organs with a cage', or circumcision, 'without administering an anaesthetic, as the brief pain attending the operation will have a salutary effect upon the mind, especially if connected with the idea of punishment, as it well may be in some cases'. Money noted that the fashion of circumcision

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in the USA crept in at the same time, between the 1870s and 1880s. When a circumcised New Yorker eats his morning cereals, he may not be aware of the connection.

Kellogg's teaching that disease is 'a consequence of some wrong-doing on the part of the individual'²⁷ has been modernised by today's health promotionists into the theory of risk factors and 'unhealthy lifestyle'. The current concern about 'the health of the nation' echoes Kellogg's fear that the race may deteriorate through 'some of the evils which lie at the foundation of physical and moral degeneracy', and by 'exposing the snares and evil enticements by which unwary youths are led astray', such as alcohol, tobacco and spicy food. Much of Kellogg's energy went into devising a health regimen which would produce 'a higher, purer and nobler type' of manhood and womanhood.

Overt moralising is largely absent from the rhetoric of today's health promotionists, though their ideal specimen of healthy and clean living bears no resemblance to a Mozart, a Picasso, a Bacon, a Verlaine, but rather, as the inimitable H L Mencken put it:

The endless herd of undistinguished and almost undifferentiated men, the zeroes and blank cartridges of the race – the end products, flaccid and spineless, of thousands of years of subordination, of 'order', of haunting fears, of eager and apologetic conformity, and above all, of oblique fluttering efforts, fatal to clean thinking, to trick out that fear with moral names, to make that 'order' appear voluntary and even altruistic, and to give a false and anaesthetic dignity to that subordination and conformity.²⁸

Reading obituaries gives the idle mind an occasion for experiencing the superior feeling of survivorship. 'They' are now dead, but I stand upright among the fallen. Elias Canetti, in *Crowds and Power*, devoted a whole chapter to this phenomenon. More recently, under the influence of lifestylism, obitu-

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arists attempt to match the outcome with the dead man's habits. If he died of lung cancer, smoking, if present, is likely to be mentioned. The contrary also applies. When a well-known epidemiologist died in 1990 at the age of 72 (which is about the average life expectancy for a Western male), another well-known epidemiologist, writing his obituary in *International Journal of Epidemiology*, pointed out that though the dead man died of lung cancer, he was a non-smoker. Apparently, this was an important piece of information. Death was not fair.²⁹

Some experts on lifestyle even discuss their own lifestyle in the pages of national newspapers. A professor of clinical epidemiology and a well-known authority on risk factors for heart disease, gave an interview for *The Sunday Times Magazine* in 1989, in which he confessed:

I'm conscious all the time of what fat does to blood cholesterol and that it is fat that mainly puts on fat – so I deliberately avoid chocolate, *which I love* [emphasis added] and things such as pies, biscuits, and cakes, which are just stuffed with hidden fat. The one thing, though, that I really miss is sausages. I still *dream* [emphasis in original] about sausages.³⁰

He is into polyunsaturated spreads and semi-skimmed milk. He was 61 when he gave this interview.

Cancer statistics became available around the beginning of this century and the impression was gained that cancer was on the increase. The causes were sought in lifestyle, particularly in drinking, smoking and meat consumption. One correspondent in the *British Medical Journal* in 1902 noted that 'US negroes have become almost as prone to cancer as their white neighbours',³¹ the implication being that the emancipation of the blacks and their imitation of the white man's lifestyle was bad for their health. Cancer was soon added to the so-called diseases of civilisation. Cancer was a disease of

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the 'well-to-do and easy going, who habitually eat more than is good for them'.³² Professor Richard Doll, in his early book on cancer prevention, published in 1967, was quite specific about what the causes of cancer were (though at that time he still did not use the term cause):

Exposure of the skin to sunlight, the chewing of various mixtures of tobacco, betel, and lime, the smoking of tobacco, the consumption of alcohol, sexual intercourse, and lack of physical cleanliness are all, in one way or another, related to the development of cancer.³³

Surprisingly he did not mention *diet*, which since then, according to various experts, may be responsible for up to 80 per cent of all cancers, that is, all those not caused by smoking. Doll's pupil, Richard Peto, wrote in 1979: 'many and perhaps most cancers are caused by certain sexual habits, smoking habits and gross aspects of diet'.³⁴ For some reason or other, Peto did not mention *alcohol*. Two American epidemiologists, Wynder and Gori, thought that most cancers are related to man's lifestyle, including smoking, alcohol consumption, overeating, and industrial exposures.³⁵ They left out *sex*.

In the programme announcement for a conference on cancer prevention, organised by the official cancer prevention bodies in Britain and co-sponsored by EC health bureaucracy, the causes of cancer were summarised as follows:

In 1986, a report commissioned by the European Commission found that one-third of all cancer deaths are attributable to cigarette smoking, one third could be attributable to diet including consumption of alcohol, and another third are because [sic!] of other factors including sexual and reproductive behaviour and occupational activities.

This view is uncannily similar to the Grahamite warnings from the previous century. As all cancers are caused by avoidable activities, it is only a small step from saying that whoever gets cancer is himself or herself to blame. It is because of their unhealthy behaviour, that is, their misbehaviour, that they die.

There are some practical problems, though, in applying this theory to practice. As one graffito put it:

I don't smoke nor drink. I don't stay out late and don't sleep with girls. My diet is healthy and I take regular exercise. All this is going to change when I get out of prison.

According to one of Duc de la Rochefoucauld's *maximes*, 'To preserve one's health by too strict a regime is in itself a tedious malady'.

2 The fitness craze

The need for exercise is a modern superstition, invented by people who ate too much and had nothing to think about. Athletics don't make anybody either long-lived or useful.

(George Santayana)

This comment is appropriate from a philosopher who died at the age of 99. In the past, sport used to be seen as a playful diversion, a purposeless activity, a pleasurable pastime of *homo ludens*. The older meanings of the word 'sport', such as 'mirth', 'jest', 'dalliance', indicate inconsequential merriment. Robert Burton devoted a whole chapter of his *Anatomy of Melancholy* to 'exercise', but he subsumed under this term much more than today's keep-fit manuals. Besides mental exercises, Burton listed activities, such as hawking, hunting, fowling (with guns, lime, nets, glades, gins, strings, baits, pitfalls, pipes, calls, stalking horses, setting dogs, decoy-ducks, etc), fishing, digging the garden, holding the plough, playing at ball, riding of great horses, walking in orchards,

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visiting friends and cities, taking a boat on a pleasant evening and with music to row upon the waters, singing, dancing, and otherwise frolicking and enjoying sports.

Doctors only became interested in physical exercise late in history, and then more often than not, were apprehensive about the dangers of exercise. Thus, in 1895, Professor Germain See, of Paris, after careful study concluded that children under 12 years of age should not ride bicycles, though after this age, moderate cycling could be recommended as a treatment for neurasthenia. Professor of mental and nervous diseases, G H Hammond, worried about abnormally developed thighs in habitual cyclists. The editor of the *Provincial Medical Journal* commented on a 'curiously distressed look' worn by younger cyclists, as 'the exercise calls for too great a strain on heart and lungs . . . which may result in almost immediate death or lingering illness'.³⁶ Another worry was the effect of cycling on the pelvic organs, especially in women. In the *New York Medical Record* of 1895, Dr Theresa Bannan was of the opinion that

The saddle is physically and morally injurious to women [as] the sensitive tissues are subjected to a pressure, the evil results of which cannot yet be estimated. Moreover, the impingement and vibration of the saddle can act as a sexual excitant.³⁷

Dr Joseph Price, in a paper read before the Philadelphia County Medical Society in 1901, attributed 'the enormous increase of appendicitis among women to golf, cricket, the bicycle and other outdoor sports'.³⁸ An editorial in the *Medical Press* in 1896 warned lady bicyclists of the 'bicycle hand', characterised by flattening, bulging at the sides, lumpiness and crooked fingers.³⁹

Dr H Macnaughton-Jones saw several cases of women in whom cycling induced irregularity of the heart action, anaemia and menstrual disturbances. Moreover, he had 'little

doubt that the saddle with the falcon pommel may prove a serious source of sexual excitation'.⁴⁰ Another specialist in women's diseases, Dr J W Ballantyne, admitted that some women might benefit from this new plaything but 'women of advancing years, especially if near the menopause, should be extremely careful with regard to this form of exercise', since the medical literature is replete with case reports of harm caused by riding the bicycle, such as goitre, dilatation of the heart, dysentery, appendicitis, dementia, hysterical seizures and many others.⁴¹ The latest addition to this litany of woes appeared a few years ago in the *Journal of the Royal Colleges of Physicians of London*, describing six cases of malignant melanoma (five in women) in patients who used to cycle in shorts when young.⁴²

Even gentler forms of exercise, such as piano playing, did not escape medical censure. In the 1890s, piano playing was thought responsible for nervous hyperexcitability in girls. Out of 6,000 young girls examined in the Indian province of Goa, no fewer than 12 per cent were suffering from affections attributed to piano playing. The Editor of the *Provincial Medical Journal* commented that such risks might not be worth running, considering that piano playing in young girls rarely passed the mark of mediocrity.⁴³ Neither did roller-skating escape from medical censure. A Dr Hill studied the subject extensively and concluded that skating brought out latent predisposition to disease. The most intractable case of anaemia he had seen was caused by skating. Leucorrhoea was another complication and girls 'confessed that it was aggravated by even a limited amount of exercise'.⁴⁴

Moralists, however, taught that physical fitness was a patriotic duty and a duty to the race. President J F Kennedy was worried that 'our growing softness, our increasing lack of physical fitness, is a menace to our security', and in order to attain the 'stamina and strength which the defense of liberty requires', increased emphasis on muscle-flexing was needed. In communist countries, sport became part of the political

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propaganda and physical education became an academic subject, with an appropriate tenured structure for university lecturers and professors teaching 'sport'. Mass simultaneous gymnastic displays of tens of thousands of human ants were annual events in many communist countries to celebrate health, beauty and the victory of the working class over their oppressors.

In Britain, the fitness craze started before the Second World War. Ann Karpf has traced some of its history.⁴⁵ BBC health talks started in 1927. The Women's League of Health and Beauty, with 90,000 members in 1936, had for their aim 'racial health leading to peace'. Morning callisthenics programmes were introduced by the BBC in 1939. Physical fitness was important since it conferred military advantage, so the proponents claimed, while the country was in the throes of economic depression, malnutrition, and unemployment.

The story of jogging is instructive, as it encapsulates much of the interplay between health concerns, morality, and politics. In the 1960s, the USA was experiencing a moral crisis: the Vietnam war, racial unrest, increasing poverty, the collapse of law and order, the collapse of American optimism. Muriel Gillick showed that the roots of interest in physical fitness were initially military, with the National Committee on Physical Fitness established in 1943 within the Office of Defence, with the intention of improving the fitness of draftees.⁴⁶ But in the 1960s America needed more than fit draftees, they needed a spiritual renewal, a patriotic sense of strength, achievable by healthy diet and jogging, a new faith in a healthy future. This shallow concept appealed to the middle class, upwardly mobile, white Americans, for whom jogging became a way of 'finding their maximum spiritual and intellectual potential'. The *Complete Book of Running*, by James Fixx, published in 1977 became a national best-seller, selling over a million copies. The book promised the reader that he would be healthier and happier 'than you ever imagined to be'. Fixx, having jogged for some 20 years, a

steady 10 miles a day, dropped dead on the jogging track in 1984 at the age of 52. But by then the jogging craze was unstoppable.

Doctors, meanwhile, went one step further than Fixx. At the 1972 Olympics, Frank Shorter won a gold medal for the USA in the marathon. In the same year, a Californian pathologist and marathon runner, Thomas J Bessler, came up with the theory that marathon running provided complete immunity against atherosclerosis and coronary heart disease. This belief was rapidly adopted by the medical profession, and between 1973 and 1978, even patients after myocardial infarction were encouraged to train for the marathon. Then reports started appearing in medical journals of marathon runners who died in their shoes, presumably of heart attacks. Yet Dr Bessler stuck to his guns and maintained that 'until there is autopsy evidence of fatal atherosclerosis among marathon runners, it seems prudent to advise this lifestyle for the prevention of this disease'.⁴⁷ Cardiologists from Groote Schuur Hospital in Cape Town promptly provided the required evidence: five marathon runners who had died of coronary heart disease at ages of 44, 41, 38, 36, and 27.⁴⁸ The 'marathon hypothesis', as it was known, was an extreme example of wishful thinking replacing common sense. The commonest cause of death among joggers and marathon runners is coronary heart disease.⁴⁹

Was it the lack of a classical education which made doctors unaware that in 490 BC the first 'marathon' runner, Pheidipides, running from Marathon to Athens to tell the Athenians that the Persian armada was defeated, dropped dead after his last words: 'Rejoice, we won!'. The legend has it that he stopped some six miles before Athens to catch his breath, at a place called since Psychico, now a suburb of Athens. Ignoring the warning, as many runners still do, he ran to his death.

A less well-known, but similar story lies behind the annual Morat-Fribourg race in Switzerland, to commemorate the

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17-kilometre run by a Swiss soldier in 1476 to announce the victory of the Swiss army over the forces of Charles the Bold. Having delivered the joyous news, the soldier collapsed and died under a lime tree in the middle of Fribourg square.⁵⁰ But at least one marathon runner was trying to imitate Pheidippides. He printed on his T-shirt the following message: 'You haven't really run a good marathon until you drop dead at the finish line – Pheidippides'. The man was 49 and that was how he died, as reported by Dr Colt, in the *New England Journal of Medicine*.⁵¹ The *British Medical Journal* published an obituary for a general practitioner 'devoted to positive health – he ran the Manchester marathon –' which made his sudden death at the age of 45 'all the more unexpected'.⁵²

Joggers, and marathon runners in particular, run high risks of injury or chronic disability. About ten per cent of joggers suffer injuries serious enough to require medical attention, and as Barsky indicates in his book *Worried Sick*, some 20 million sports injuries of all kinds are treated annually in the USA.⁵³ Joe Nicholl, in a letter to the *British Medical Journal* estimated that in Britain about 1.5 million injuries related to exercise are seen by doctors annually, and are responsible for 5.5 million days lost from work.⁵⁴ In the Dutch report on health priorities, known as the Dunning report, the section on sport concludes by stating that it is not clear whether participation in sport serves to make health costs lower or higher.⁵⁵

The American cardiologist, Henry Solomon, estimated that in the USA every year about 40,000 Americans drop dead while exercising for their health.⁵⁶ And while doctors may insist that before anyone starts jogging he should see his doctor and get a medical 'clearance', this is not practicable and of little value as tests, such as exercise-stress testing, are unreliable. Mass screening of millions of joggers would also be very expensive. Graboys estimated that in the USA, such testing would cost two billion dollars annually, with the additional cost of treating subclinical abnormalities,

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amounting to further \$11 billion, plus the intangible cost of iatrogenic deaths which might occur during invasive diagnostic procedures.⁵⁷

The absurdity of wasting time in an attempt to prolong one's life by jogging was highlighted by a 15-year-old correspondent to *The Times*, who asked,

Sir, regarding the current enthusiasm for jogging to extend one's life, may I point out that if one jogged 10 miles a day, then, having lived to the ripe age of 80, one would have jogged for approximately nine years . . . Is it worth it?

Alistair Cooke, who read this letter in one of his BBC letters from America, added: 'Here in a nutshell is revealed the absurdity of seeking to prolong life by a process that shortens it'.⁵⁸ Another simple calculation would show that watching television for three hours a day for 70 years shortens one's length of useful life by a further nine years.

Bryan Appleyard said about the London marathon that, 'combining, as it does, the worst type of communal jollity with all the oppression paraphernalia of health fascism, it condenses into a single image all that is most fatuous and harmful in our age'.⁵⁹ And in the first Epistle of St Paul to Timothy, we read:

Exercise thyself rather unto godliness, for body exercise profiteth little.

Juvenal's line *mens sana in corpore sano* was not a medical precept but poetry. For those who are both of a sane mind and of a healthy body, and who are determined to remain so by means of mental and physical exercise, this is a commendable ideal. The usefulness of exercise is not in dispute. We exercise prisoners, horses and dogs. The old widow in Chaucer's *The Nun's Priest's Tale* kept fit by avoiding wine,

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and ‘attempre diete was al hir phisik, and exercise and hertes sufficaunce’, that is to say, her only medicine was a moderate diet, exercise and heart’s contentment. When, however, a natural and spontaneous human activity such as moving around during work or leisure, or taking part in the various sports and diversions of *homo ludens*, becomes a prescription item, and when ‘lack of exercise’ is medicalised into a ‘risk factor’ for early death, *caveat emptor*.

3 Foodism

The term ‘diet’ comes from the Greek, where it meant a ‘mode of life’, and this sense was preserved in the old English when diet meant a ‘way of living and thinking’. We have now come full circle. When the Government speaks of the ‘nation’s diet’ they mean more than skipping an occasional bar of chocolate or a bag of chips; they imply that the road to happiness and health is open only to those who change their ways and adopt a ‘healthy’ diet. It was Thomas Jefferson, the great liberal American President, who observed that if the government were to advise on people’s diet, their bodies would be in the same sorry state as their souls. The common meaning of the word ‘diet’ is some kind of deprivation: criminals are put on a prison diet, and patients are put on a doctor’s diet. Dr John Harvey Kellogg believed that the ‘degeneracy of nations which once ruled the world began with luxuriousness in diet’. The thought was shared by many dictators. Food shortages in China made the party leader Zhao Zhiang put the Chinese on a ‘health-food diet’, which meant eating less meat, fish, and eggs; while the Romanian dictator, Ceausescu, warned the public that over-eating was a serious threat to their health.

Diet and the pleasure of eating are two different things. A gastroenterologist knows no more about gastronomy than a gynaecologist knows about the love between Tristan and Isolde. Eminent epidemiologists now claim that up to 85 per cent of all cancers have something to do with eating, while

others believe they have discovered links between eating and heart disease, liver disease, kidney disease, brain disease, bowel disease, among others. This information makes people apprehensive when sitting down to dinner, and some may be put off eating for good. Doctors have been trying to devise diets which would steer a safe course between death from eating and death from non-eating. They follow a rule of thumb: if it is delicious, proscribe it; if it is bland, prescribe it.

Even philosophers worried about diet. ‘Abstain from beans’ (*kuamói apekhesthai*) was an important precept of the Pythagorean sect. Commentators differ as to whether to interpret this prohibition as a warning against sexual excess (as *kuamói* also signified ‘testicles’), or as Pythagoras’ dislike of his students farting in class. Jonathan Swift, following Plutarch and Cicero, accepted the latter explanation. In his advice to a newly-wed pair, Swift wrote:

Keep them to wholesome food confin’d
nor let them taste what causes wind:
’Tis this the sage of Sames means,
forbidding his disciples beans.

While priests are concerned with the future of the soul, their prescriptions often coincide with those of doctors. The renunciation of delicacies, meat avoidance, and fasting are part of the penance for sins. Thus, for example, in the summer of 1985 in Ireland, when exceptional rains threatened the livelihood of farmers, Cardinal O Fiaich directed prayers urging the faithful to make a personal sacrifice by cutting down on smoking, drinking and entertainment, and by fasting. This avoidance of pleasures for averting God’s anger is strikingly similar to the recommendations by medical puritans who maintain that the ‘diseases of civilisation’ may be averted by eschewing tobacco, alcohol, sex outside marriage, and by adhering to a restricted diet, which does not contain basic foodstuffs, such as red meat, butter, salt, sugar, or eggs.

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In *Ecclesiasticus* (37, 34–35) we read:

For in multitudes of meats there shall be disease, and surfeiting shall come nigh unto colic. Because of surfeiting have many perished; but he that taketh heed shall prolong his life.

This common-sense advice has been available for centuries, but it is too vague a foundation on which to build the career of a health-promotionist. To make it ‘scientific’, dietary advice must be based on specific prohibitions and recommendations, supported by statistics, academic departments, and its own jargon of ‘relative risks’ and ‘risk factors’. But even ‘moderation in all things’ should be taken with moderation. The difference between moderation and excess is like the difference between a 40-watt bulb and the Mediterranean sun. Some gourmands survive their excesses and even vegetarians go the way of all flesh. There are times when dieting comes naturally, such as in the post-Christmas period. When Mark Twain was invited for dinner at an inopportune time he apologised as follows:

I can’t. I am in a family way with three weeks of undigested dinners in my system, and I shall just roost here and diet and purge till I am delivered. Shall I name it after you?

The medieval notion of enjoying life while it lasts was gradually replaced by a physical puritanism, promulgated by health reformers in the 17th century; vegetarianism became a vogue in the 18th century, interwoven with mystical neoplatonism.⁶⁰ The philosophy underlying 19th- and 20th-century health reforms (eg, Graham, Alcott, Kellogg) was described by James Whorton as a kind of physical Arminianism – a belief that bodily salvation might be open to all who struggle to win it, as disease and death are avoid-

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able by a prudent lifestyle.⁶¹ Graham's followers were mocked for their appearance:

Looking like a full-blown bladder after some of the air had leaked out, kinder wrinkled and rumped like, and his eyes as dim as lamp that's living on a small allowance of ile. He puts me in mind of a pair of kitchen tongs, all legs, shalf and head, and no belly, a real gander gutted creature, as hollow as a bamboo walking cane, and twice as yaller.⁶²

Graham himself did not live long – he died at the age of 57. His pupil, Dr William Alcott (1798–1859), added his medical erudition to Graham's intuitive grasp of the healthy value of bran *cum* vegetables, and of the dangers of tobacco, alcohol, spices, sugar, coffee, tea and sex. Alcott founded a magazine, *The Moral Reformer*, and was the founding member of the American Vegetarian Society.

Vegetarians are a mixed bag. Some are quite normal and simply do not fancy meat. Others explain their meat avoidance by religious or moral principles, such as that meat arouses animal passions. A subgroup believe that vegetarianism makes them live longer. Animal rightists abhor eating corpses of murdered animals. J B Morton of the *Daily Express* thinks that

Vegetarians have wicked, shifty eyes and laugh in a cold, calculating manner. They pinch little children, steal stamps, drink water and favour beards.

Food faddists are of so many different kinds that to list them all would fill an encyclopedia with examples from A to Z. For example, garlic gulpers, satirised by Sir John Harington, the inventor of the flush toilet:

Since Garlicke then hath power to save from death, bear with it, though it makes unsavoury breathe, and scorne

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not Garlicke like some that thinke, it only makes men winke and drinke and stinke.

The latest addition to the magical powers of garlic is its ability to prevent heart attacks. Food faddism is not only an affection of the simple-minded. In a piece-of-mind article in the *Journal of the American Medical Association*, a cardiologist wrote touchingly about seeing his four-year-old daughter Ariel sneaking to the fridge in order to have some of the ice-cream that her granny had bought. 'From conversation around the house she knew what foods were high in saturated fat and cholesterol and that they should be avoided'. She felt guilty and her daddy felt guilty about her guilt. He also felt guilty that he had not yet measured her cholesterol, but he consoled himself that 'there is no uniform agreement among all experts on when to start screening small children'. Poor Ariel!⁶³

It is amazing on what man can survive. Michael Tracey, President of the Australian Biochemical Society, mentioned in one of his lectures that a certain Stefansson lived on a meat-only diet in the Arctic for nine years – yet he lived to the age of 82 and published his 23rd and last book at the age of 80. The dietary customs of different people are wonderfully diverse. What's one man's meat is another man's poison. Just as sex is more than the instinct to reproduce, so eating is more than the instinct to stay alive. What's one man's pleasure is another man's perversion. Some like it hot, others take it raw. Such is the variety of palates, Burton wrote in *The Anatomy of Melancholy*, that every man should be a law unto himself, and he agreed with Tiberius who laughed at the thought that an adult man would seek the counsel of others concerning matters of diet. To issue blanket dietary recommendations for a whole population, whether by health departments, governments, or the WHO is as silly as telling a sailor which wind is favourable, without knowing the port for which he is heading.

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The public is exposed daily to a barrage of health factoids provided obligingly by the media, who scan the medical literature for new dietary 'breakthroughs'. Eat broccoli to avoid cancer. To avoid stroke, don't eat salt. Eat shredded doormats to increase the bulk of your stool and to avoid cancer of the colon. Don't eat liver pate when pregnant. As a *Times* editorial observed: 'Health scares and food fads ebb and flow with such speed that the "healthy" eater can barely keep pace with them'.⁶⁴

In 1878, Sir Thomas Lauder Brunton, a famous London physician and editor of *The Practitioner*, wrote in his journal that one of the main causes of tuberculosis was the cost of butter, as people could not afford it. Brunton thought that fat bacon was best for hard mental work and he had it for breakfast before going to see patients and giving lectures to medical students. He recalled a case of a man whose nervous breakdown was cured by going to Ireland and sustaining himself on fat meat and whiskey. Sir Thomas did not do too badly on his fat bacon; he died in 1916 at the age of 72.⁶⁵

In the 1930s and 1940s, a high fat diet was still recommended by the medical profession as the diet for health. But from about 1950 onwards, dairy fats and meat became suspect as the cause of heart disease, although as late as 1966 the National Academy of Sciences and the National Research Council in the USA, in their report on dietary fats and health, could still maintain that there was not enough evidence of benefit from dramatically reduced fat consumption and they expressed concern that such a change could have 'unpredictable, possibly deleterious effects'.⁶⁶ There has been no new evidence since 1966 to reverse this wise counsel, but what has changed since is the readiness of various expert committees to issue guidelines which are not supported by evidence and often in conflict with it. Thus, for example, in 1970, a group of American experts, led by the indefatigable anticholesterol campaigner, Jeremiah Stamler, issued specific guidelines for all Americans, including infants, pregnant mothers and the

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elderly, exhorting them to *avoid* butter, egg yolk, bacon, lard and suet.⁶⁷ Suddenly all food became divided into ‘good’ and the ‘bad’, ‘healthy’ and ‘unhealthy’. These guidelines were adopted by the American Medical Association, in the absence of any evidence that such a diet would prolong life. One of the critics⁶⁸ pointed out that these

recommendations of major dietary changes, with wasteful neglect of nutritious foods, such as butter, eggs, whole milk, cheeses and beef borders on irresponsibility and smacks of medical quackery.

Oster predicted, correctly, that:

The scare technique employed by the apostles of lowering serum cholesterol will create hypochondriacs who are afraid to eat wholesome food.

This panic has now spread to all kinds of everyday food and beverages. If an example is needed, it suffices to quote the case of an American hostage during the Gulf War, who, having been kept blindfolded and handcuffed for two days without food, was offered a mug of tea by his Arab captors. He refused to drink it because it contained caffeine.⁶⁹

In 1976, the British Royal College of Physicians and the British Cardiac Society followed the American example of dietary dirigism and issued more or less identical guidelines for Britons.⁷⁰ One of the recommendations was to reduce fat consumption to 35 per cent of total energy intake. There was no justification for this figure, since in the so-called Seven Countries Study, which until then was the main prop of the lipid-heart hypothesis and which was thought (erroneously) to provide evidence for cholesterol as the villain, countries with the lowest incidence of heart disease, such as Crete, had a total fat intake of 40 per cent, which was the same as in the UK.⁷¹ In the Netherlands, which had one of the highest

life expectancies in Europe, the percentage of total energy derived from fat was a staggering 48 per cent,⁷² while among the Masai of East Africa, whose diet consisted of 66 per cent of calories as fat, blood cholesterol was extremely low and atherosclerosis rare.⁷³

Similarly, the recommendation by countless committees to increase the consumption of polyunsaturated fats to 10 per cent, was not supported by any available evidence for its health-promoting effects. On the contrary, polyunsaturated fatty acids are potentially carcinogenic when used in excess, and in the Seven Countries Study the lowest rates of heart disease were recorded in populations who used only three to seven per cent of polyunsaturated fats.⁷⁴ Moreover, to reduce fat consumption from the current level of about 40 per cent down to 30–35 per cent (or as some enthusiasts propose, to 25 per cent) would mean to go back to the levels of fat intake in the Glasgow slums half a century earlier.⁷⁵ It was then that the medical profession urged the population to eat more butter, eggs and meat and to drink plenty of milk.

A rather bizarre argument for cutting down fat and calories was put forward by two researchers in the *American Journal of Public Health*. They argued that being overweight is bad not only for one's health but also for the world economy since 16.5 per cent of all US energy in 1974 was used for food production and consumption, a reversal to 'ideal' body weight by all Americans would save the equivalent of 160 trillion British Thermal Units, that is, 'in more familiar terms, the energy equivalent to 1.3 billion gallons of gasolene in the dieting period and about three quarters of a billion gallons every year thereafter'. This 'saving' was said to be enough to meet 'the energy demands of 20 million Indian people'.⁷⁶

By the end of the 1980s, the general formula, adopted by 'consensus' committees around the world, for a 'correct' diet was: fat down to 30 per cent, comprising an equal ratio of saturated, monounsaturated and polyunsaturated fats, cholesterol intake less than 300 mg a day, salt intake down to

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three grammes a day. The magic number of '3' is reminiscent of Grimm's fairytales. These recommendations were adopted and promulgated without any evidence from population studies that such a diet was beneficial. As pointed out by Ahrens, the only studies available at that time (the Los Angeles Veterans trial and the Finnish mental hospital trial) which, incidentally, failed to show any benefit, used different kinds of diet. Thus the proponents of the new diet were apparently 'willing to advocate an untested diet to the nation on the basis of suggestive evidence obtained in tests of a different diet'.⁷⁷ However, the Select Committee of the US Senate on Nutrition and Human Needs was too prestigious a body for ordinary people (or even for ordinary physicians) to question and their report, *Dietary Goals for the United States*, has become a blueprint for other countries to follow.⁷⁸

Panic set in when this body claimed that the US diet 'represents as great a threat to public health as smoking', that is, competing for the title of 'Public Enemy No 1', and that 'six out of the ten leading causes of deaths in the USA have been linked to diet'. It appears that people who eat, die.

One of the rare critics of the report of the Select Committee was Alfred Harper who complained that the recommendations drew unwarranted conclusions from insufficient and inappropriate research, and compared the guidelines with other food advice given by cranks and faddists, who use their magical thinking to promise a panacea for diseases which they do not understand.⁷⁹ Harper, a distinguished professor of biochemistry and nutrition, was puzzled how the same diet could be recommended to all Americans, 'irrespective of the nature of their health problems or whether they were ill or well'. As Henri De Mondeville wrote in his book on surgery:

Anyone who believes that the same thing can be suited to everyone is a great fool, since medicine is practised not on mankind in general, but on every individual in particular.⁸⁰

Lifestylism

What De Mondeville could not foresee was that 700 years later, whole nations would have become 'patients' in a game of dietary *Gleichschaltung*.

In October 1981, Drs Jeremiah Stamler and John Farquhar arrived in London and from the US embassy issued warnings to Britain that she should wake up and do something about the heaps of dead killed by heart disease, that is, to follow the American example and lead.

The idea was to *blitzkrieg* the community with a barrage of television ads, films and self-help books, backed by a blizzard of leaflets telling them the same story . . . and over 100,000 deaths a year might be saved.⁸¹

A decade later, the same *blitzkrieg* mentality reigns in preventionist circles. Frederick Stare, a well-known Harvard nutritionist, quoted the *Wall Street Journal's* commentary on a campaign orchestrated by the American Medical Association together with drug companies, food industry and television personalities:

Between February and July [1989] the campaign will blitz the public and physicians with ads, brochures, TV programs, and a cholesterol reduction book, in an effort that will link concern over high cholesterol and heart disease to related products and medical services.⁸²

The increasing commercialisation of the medical profession and its close links with the pharmaceutical and food industries was well documented in a brilliant analysis by the investigative journalist, T J Moore, in his book *Heart Failure*.⁸³ But this explains only part of cholesterolomania. The wishful thinking and the heroic zeal of food messiahs, with their lack of understanding of what constitutes scientific evidence, are perhaps even more important factors.

A critical examination of the lipid-heart hypothesis reveals

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numerous uncertainties and discrepancies, including the failure to demonstrate first that the recommended diet will significantly reduce blood cholesterol; secondly, the risk of cardiovascular disease can be lowered by reducing blood cholesterol levels;⁸⁴ and thirdly, the proposed diet is free from any long-term adverse effects.⁸⁵

An example of confused thinking about the diet-heart hypothesis was provided by the National Institutes of Health Consensus Conference on Lowering Blood Cholesterol⁸⁶ and in an accompanying editorial.⁸⁷ On the one hand the editorialist admitted that:

It needs to be recognised that we do *not* [emphasis in original] yet know the cause(s) of atherosclerosis [and that] it is difficult to accept on purely scientific grounds that there is conclusive proof of efficacy of reduction of mild to moderate hypercholesterolemia.

He then opted for the consensus that ‘the fat content of your diet should constitute no more than 30 per cent (or even 20 per cent) of the total caloric intake. The saturated fat intake must be less than 10 per cent (or even 6 per cent or 8 per cent)’. The consensus experts, on the other hand, had ‘no doubt that appropriate changes in our diet would reduce cholesterol levels’, and that such changes ‘will afford significant protection against coronary heart disease’; such a diet ‘should be available to all family members except those younger than 2 years’ In other words, in the absence of scientific evidence the experts had no doubts that ‘consensus’ could fill the gap, since they could not entertain the possibility that the wishful thinking of so many was not a representation of reality.

Philip Payne, Head of the Department of Human Nutrition at the London School of Hygiene and Tropical Medicine, said in a lecture that he would personally ignore such recommendations as ‘gratuitous advice, at best over-zealous and at worst impertinent’, but he worried about the harm such

advice could cause to the general public, who might become anxious about what they ate, without being able to examine the scientific content of such advice. It was a moot point, according to Payne, as to whether the dietary activists wanted ‘our compliance regardless of the benefit or perhaps yet another way of making the public more dependent on “caring” professions?’.⁸⁸

Complex political and ideological issues related to what Digby Anderson fittingly described as ‘food Leninism’ have been largely ignored. J R Kemm suggested that we should stop pretending that food policies are only about ‘health’:

Advocates of *laissez-faire* food policies correctly point out that virtually none of the hypotheses which underlie food policies are proved beyond all reasonable doubt.

And he added, that even if the claims of health promotionists were true,

The unpalatable fact remains that those who benefit will be a minority while those who are inconvenienced are the majority.⁸⁹

One of the characteristic features of coercive dietary campaigns is that no one asks the consumer what he wants, presumably because the consumer would not know what is good for him. Bernard Levin asked in his *Times* column why a free country needed any ‘dietary objectives’ at all and why the matter should not be left to Jack Spratt and his wife, who happened to have quite different dietary requirements.⁹⁰ But if everyone were allowed to eat what they wanted, *pace* Levin, would that not lead to anarchy? People could go so far as to have bacon and eggs for breakfast!

In fact, what Kemm called some inconvenience for the majority, who would not benefit from a change in their diet, could be more than ‘inconvenient’. Lowering cholesterol is

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not necessarily a good thing, and Frank and his colleagues plausibly suggested that lowering cholesterol in those whose cholesterol was below 225 mg/dl could increase their mortality.⁹¹ These speculations, for obvious reasons, had to be kept away from the man in the street, as his 'compliance' to start eating a 'national diet' might be weakened.

The major dietary unthink tanks in Britain are known under the aliases of NACNE (National Advisory Council on Nutrition Education) and COMA (Committee on Medical Aspects of Food Policy). NACNE stated in their document ('not intended for the general public', but promptly released) that 'heart disease can be prevented by a reduction of total fat in the diet to 30–35 per cent of total energy'.⁹² No evidence for this statement was provided as none existed. A year later, COMA, reiterating NACNE's views, inserted a curious sentence in their preamble: 'the evidence [for the relationship between diet and cardio-vascular disease] falls short of proof'.⁹³ This is correct, as no proof existed, but that did not stop the Committee making recommendations for the whole population over the age of five. A rather interesting deviation in both the COMA and NACNE reports was their cavalier attitude to egg consumption. This was subsequently rectified.

Sir Kenneth Blaxter pointed out that COMA guidelines were not scientifically defensible, though apparently politically expedient, as there was 'no rational basis for the conclusion that the diet of the population should be modified to change its fatty acid composition'. As to the belief that animal fats were harmful, Sir Kenneth relegated this piece of folklore to the collection of other such beliefs, for example the widely circulated saw from the 19th century that 'fish is good for the brain'.⁹⁴

What impact, if any, have dietary campaigns had on population cholesterol levels? From the results of the National Food Surveys it would seem that Britons eat less eggs, only half as much butter as 10 years ago, their sugar consumption

has gone down, they drink more low-fat milk and the proportion of polyunsaturated fats in their diet has increased. Yet, despite all these efforts of brainwashed Britons, population plasma cholesterol remained the same.⁹⁵ However, a former parliamentary secretary to the Ministry of Agriculture ‘welcomed this continuous progress towards a healthier national diet’.⁹⁶ In fact, recommended cholesterol-lowering diets were shown, in a review of all controlled trials, to have no demonstrable effect.⁹⁷ This ambiguous situation of ‘progress’ and ‘stagnation’ at the same time has been exploited in the propaganda of health activists: if they want to show that their recipe is bearing fruit, they point to ‘positive’ changes in the nation’s eating habits; if they want to make the case that Britain is the sick man of Europe, heading the death league in Europe (or in the world, as they occasionally claim) they point towards unchanging mean cholesterol levels or unchanging total fat intake, and ask for more money to pursue their dream. In the USA, a group calling themselves the National Heart Savers Association flooded the American media with advertisements carrying inch-high headlines, **THE POISONING OF AMERICA**, the poison being – cholesterol. As Bishop Mandell Creighton once observed, ‘no people do so much harm as those who go about doing good’.

There is no scientific evidence to justify recommendations to reduce cholesterol intake to less than 300 mg a day. This is a completely arbitrary figure; even at a consumption level of 1500 mg a day, serum cholesterol rises by an average of 10 per cent in some tested subjects, and over longer periods it tends to return to genetically determined levels. Four separate studies failed to show any relationship between egg consumption (the main source of dietary cholesterol) and serum cholesterol.⁹⁸ Even the consumption of 25 eggs a day for several decades (!) in a man who said that he hated eggs but could not help it, had no effect on blood cholesterol.⁹⁹ Readers may be reminded that cholesterol is *not* fat (chemically it is an alcohol with a steroid structure) and claims on

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various food items, such as cooking oils or peanuts, that they contain no cholesterol are mischievous and misleading, as such items would not contain any cholesterol anyway.

Blood cholesterol for practical purposes has no predictive value for the risk of a future heart attack in the individual,¹⁰⁰ and manipulation of blood cholesterol with diet or drugs has no effect on overall mortality, though it may significantly increase the risk of cancer death.¹⁰¹ These unpalatable facts are never mentioned in the reports of 'consensus' committees. It is easy to understand why. With the commendable scepticism for which the leading medical journal *The Lancet*, is intermittently famous, an editorialist questioned the rationale of the American recommendations for dietary change, reinforced by the office of the Surgeon-General: 'Not all the Surgeon-General's horses and men could come up with a single shred of evidence as to how saturated fat is supposed to carry out its nefarious work'. The editorial then continued to taunt the Surgeon-General to reveal what proportion of fat, fibre and complex carbohydrates he himself ingested so that 'we could sit back and wait to see whether he got any of those nasty diseases before we made up our minds'.¹⁰² This is medical journalism at its best: challenging authority which pontificates without evidence, and asking The Question, 'Where is the evidence?', or better still, 'How could your hypothesis be disproved?'

The sloppiness of official guidelines, the lack of intellectual rigour, the mindless bureaucratise in which they are written, the blatant disregard for facts, and the careless misrepresentation of evidence would suggest not a conspiracy but a bandwagon. For example, in the *Dietary Guidelines for Americans*, issued jointly by the US Departments of Agriculture and Health, it was stated that 'as cholesterol increases above 200 mg/dl greater risk for heart disease occurs'.¹⁰³ This was misleading on several counts. First, it implied that a cholesterol level, say, of 210 is more dangerous than a level 200. There is no evidence for this. Secondly, it implied that

a level below 200 is better. Such a cut-off is purely arbitrary and has no clinical significance. Thirdly, it implied that it is desirable for people to strive to have their cholesterol reduced to or below 200 mg/dl. Not only is this not desirable but it could be dangerous.

In the same guidelines, which were full of neopuritanical messages, there was a section on alcohol, which mentioned that 'some studies have suggested that moderate drinking is linked to lower risk for heart attack', *but* 'drinking is also linked to higher risk for high blood pressure and haemorrhagic stroke'. Note the use of the word 'suggested' in the first part, throwing some doubts on the benefit, though the risk of hypertension and stroke seems to be certain. The fact is that there is no evidence that moderate drinking leads to dangerously high blood pressure and that it is linked to stroke of any kind. If anything the contrary is true. For example, in the Framingham study (dubbed as the 'Rolls-Royce of heart studies'), 'blood pressure was higher in non-drinkers than light drinkers, but among drinkers blood pressures were higher at higher consumption levels'.¹⁰⁴ In a British study, 'light drinking (less than 30 units per week) was associated with a reduced relative risk of stroke when compared to teetotallers'.¹⁰⁵ Similarly, in a study of 87,500 nurses, the risk of stroke was lower at all levels of drinking than in teetotallers.¹⁰⁶ The general protective effect of alcohol against heart disease is well documented in many studies,¹⁰⁷ both in men and women, yet health promotionists find it somewhat embarrassing to mention it. A double brandy before going to bed, or a half-bottle of a good wine with lunch a day could be better preventive medicine than all the cholesterol guidelines combined.

More recently the idea was floated around that we should all adopt a 'Mediterranean diet'. So far no one has yet proposed that we should all emigrate to the south. There is no doubt that the Spaniards, the French, the Italians or the Greeks enjoy their cuisine, their drinks and *l'amour*. But the

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engineers of our diet do not mean this when they talk about the 'Mediterranean diet'; they just mean olive oil and greens. The simplistic reasoning behind this idea could be sketched as follows: in Mediterranean countries the mortality from coronary heart disease is lower, much lower, than in Britain. We want to prevent heart disease. Heart disease is caused by fat in food, but obviously olive oil must be a 'good' fat. Therefore, the prescription is olive oil, a tablespoon three times a day. No butter please. As often happens with single-issue fanatics, they conveniently forget that people in the Mediterranean region do not on average live any longer than the British; they simply die of something else, or, to be precise, something else appears on their death certificates. The life expectancy at birth for English men in 1988 was 73 years, the same as in France or Italy. (For English women, the life expectancy was about five years more.)

More bizarre suggestions take their lead from the Orient. The Chinese population has been presented as an example of what could be achieved in the Western countries as regards blood cholesterol. Chinese peasants were said to have very low blood cholesterol levels and very low mortality from heart disease.¹⁰⁸ What we were not told was how long they live, but nearly half of all their deaths were from cancer. There was little difference in overall mortality in those with the lowest cholesterol and those with the highest cholesterol. Yet, the message was clear: follow the Chinese.

The Japanese are even more intriguing. They eat strange things, but they have the highest life expectancy in the world. And heart disease in Japan is far lower than even in the Mediterranean countries. So why not eat Japanese? We already have Japanese cars, Japanese hi-fis, Japanese cameras. The silence of the consensus experts on this issue is deafening. And what's even more interesting, while, between the 1950s and the 1980s, the Japanese increased their consumption of saturated fats and maintained their phenomenally high rates of smoking, their heart disease rate was still

going down, by a further 30 per cent.¹⁰⁹ The test for any dietary guru is to ask him this simple question: if you are really so concerned about heart disease prevention, do you eat Japanese food yourself and do you recommend it to your friends?

The 'unhealthy' consumption of saturated fats has been accompanied by an inexplicable decrease in heart disease in Switzerland¹¹⁰ and Italy,¹¹¹ while in the Framingham study during the past 30 years, everything went well as far as the 'risk factors' (smoking, blood pressure, blood cholesterol) were concerned, yet, inexplicably, heart disease morbidity and mortality in middle-aged men went up.¹¹² The 'experts' had not noticed. The truth is that the hypothesis of the causation of heart disease is unproved, untestable because unfalsifiable, extremely complex, on occasions misinterpreted and some of it contradictory.¹¹³

A recent restatement of the belief that heart disease is the result of the decadent ways of the West came from Professor Geoffrey Rose, a respected epidemiologist, who was concerned that Polish and Russian efforts to buy themselves a Western lifestyle was going to cause 'within two years . . . the world's highest rates from coronary heart disease'. (If only the people of Poland and Russia, amidst the ruins of their economies, could emulate Western affluence, they would gladly accept the possibility that some of them might die of heart attack sometime in the distant future!) This is the kind of reasoning which led early epidemiologists to observe that 'since the abolition of slavery, however, and the altered habits thus entailed, the United States negroes have become almost as prone to cancer as their white neighbours'.¹¹⁴ Rose, as quoted in *The Daily Telegraph*, observed that Scotland 'has the world's highest rate from the disease'.¹¹⁵ Surely the Scots had not suddenly discovered the evil ways of the decadent West? Sir Donald Acheson, then the Government's Chief Medical Officer, offered a different explanation: the Scots don't eat vegetables.¹¹⁶ It would seem

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that, provided the Poles and the Russians, when adopting Western ways, also eat vegetables, they may escape the worst.

A glimpse into the workings of expert committees was provided by Nevin Scrimshaw:

Reviewing personal experience as a participant in dozens of expert, technical, and advisory committees over the past 20 years, I am impressed that the most dogmatic and outspoken committee members on any issue may turn out subsequently to have been mistaken on that issue. There have also been occasions when a strong and persistent dissenter has been proved to be right. We need constantly to remind ourselves that neither individuals nor committees are infallible, and that all scientific issues need to be addressed with some humility.¹¹⁷

This humility, the willingness to admit one's ignorance, the will to see things as they are rather than as they should be, has been singularly lacking in dietary dictates announced *ex cathedra* by self-appointed concilia of consensus experts. Their pronouncements appear strikingly naive, simplistic and irrelevant. A warning not to take official dietary guidelines too seriously was given by two nutrition specialists in an article in *The Lancet*.¹¹⁸

While Africa was facing famine on a more catastrophic scale than ever, WHO issued a 200-page document, entitled *Diet, Nutrition and the Prevention of Chronic Diseases*, prescribing the 'correct' diet for the whole world,¹¹⁹ that is, the 'prudent' diet of health-obsessed Americans. (The Japanese diet gets no mention!) WHO warned that 'cardiovascular diseases and cancer will emerge, or be established as substantial health problems in virtually every country in the world by the year 2000'¹²⁰ This was a curious *volte-face* for an organisation whose official slogan is 'Health for All by the Year 2000'. With the increasing problems of overpopulation,

hunger, poverty, famine and wars in developing countries, it is difficult to see how the same countries will, within the next few years ('by the year 2000'), adopt the evil unhealthy diet of the West, and then become victims of those 'diseases of civilisation' prevalent in countries with a life expectancy of between 70 and 80 years. The perverse argument of WHO bureaucrats was that the poor should continue to subsist on vegetables and stop ogling the larders of the West lest they get a heart attack.

The utopian fantasy of the WHO experts was dominated by the idea that chronic diseases are 'largely preventable'. Improbable arguments were put forward to implicate fat and sugar in death, such as comparing fat and sugar consumption in Britain 200 years ago with the present.¹²¹ That the longevity and the health of people had dramatically improved during the same interval did not seem to enter the equation. Fat was again the whipping boy. It was 'linked' to breast cancer and colon cancer. In fact these cancers were also 'linked' to the number of cars, televisions, washing machines, and gross national product. The report admitted that the trends in coronary heart disease in various countries were 'largely unexplained',¹²² yet the same report went on to call for 'an urgent rethink on agricultural and food policy' to prevent coronary heart disease by the year 2000. This is a familiar argument of consensus committees: if we don't know what to do, then let's do it with vigour.

The oriental paradoxes were given short shrift. At one point the experts simply invented the fact that in Japan, mortality from heart disease was progressively increasing¹²³ and in China, used as an example of how low one could get in the national cholesterol level, heart disease was among the three leading causes of death.¹²⁴

The old cholesterol canard was revived and it was urged that nowhere in the world should one eat more than 300 mg of cholesterol a day. It was claimed that 'no lower limit to serum cholesterol has been identified below which a

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beneficial reduction in coronary heart disease cannot be expected'.¹²⁵ Zero cholesterol – the ultimate aim? This at least was true for cholesterol in diet, since 'the optimal intake of cholesterol is probably zero, meaning the avoidance of animal products'.¹²⁶ The WHO report stopped short of endorsing world vegetarianism, because in the poor world, to quote the chairman of the group, Philip James, 'iron deficiency is affecting the brain development of children, and for them the best way of avoiding that is to include a little meat in the diet'.¹²⁷ A little. Once they passed puberty they could forget meat as their brain development was complete. The horror of salt was again reiterated and as a throw-away it mentioned that salt could cause stomach cancer.¹²⁸

The new lower limits for recommended intake of fat, saturated fat and cholesterol were set at 15 per cent, nought per cent and nought per cent, respectively. The magic number 'three' had gone. Yet the experts 'did not find a clear basis for setting a specific (upper) limit for dietary cholesterol'¹²⁹ and had to fall back on the consensus method to settle on 300 mg per day, which was, to use their words, 'a consensus view'. A new line was taken on polyunsaturated fats. The previously recommended intake of 10 per cent of total energy was seen as too high, and the experts were concerned about 'a progressive increase in the consumption of polyunsaturated fats in some populations'. Yet it was the dietary propaganda of the same experts which had advocated polyunsaturates in the first place. They were 'very good'. Now they were 'not so good'. Sooner or later someone would 'link' them to cancer.

As WHO's advice was not based on science, it was important that the message should be often repeated; often enough to make it true. The report called on every institution worthy of its name to employ all possible means to disseminate the message.

The ministry of health in countries where the government controls the radio and television should take steps to ensure

that other sections of the mass media . . . are also involved, so that the public perceives the information to be of relevance to them, as well as beneficial to the government . . . It is also recommended that governments recruit specialists in behavioral manipulation who can assess the best way of amplifying the community action.¹³⁰

There are times when the term 'health fascism' does not seem to be an exaggeration when describing the methods of the latter-day health preventionists.

In the envisaged system of information monopoly, 'beneficial to the government', it will be virtually impossible for critical voices to be heard and to have an open discussion on evidence which contradicts the official line. While wars, disease and famine rage, the loyal citizens of the Health-for-All-by-the Year-2000 Utopia will be instructed by the Ministry of True Lifestyle to measure the amount of fibre in their food and to weigh their bulky stools. Being no longer civilised they will not suffer from diseases of civilisation. They will have earned their death from dementia. Exaggeration? Perhaps. But many thought the same about the societies described by Zamyatin, Huxley and Orwell.

While bureaucrats fiddle with health statistics, the world burns. In the 1950s, there were 12 wars world-wide; in the 1970s, 32; in the 1980s, 40, and in 1992, 52. The solipsistic narcissism of a jogger may serve as a metaphor for man running away from his own image. The past is 'irrelevant'; the future is threatening. And so the jogger starts another round.

Measuring man's condition on the cholesterol scale is an absurdity justifiable only by providing comic relief in a world theatre of cruelty.

4 The wages of sin

The corruption of medicine by morality is nowhere better demonstrated than in medical discourse on sexuality. The sexual instinct, being stronger than reason and the instinct

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of self-preservation, has always presented a challenge to the earthly powers of churchmen and medicine-men. Call it a mortal sin, eros, amor, Venus, love, or sex,

It subverts kingdoms, overthrows cities, towns, families, mars, corrupts and makes a massacre of men; thunder and lightning, wars, fires, plagues have not done that mischief to mankind as this burning lust, this brutish passion . . . Besides, those daily monomachies, murders, effusion of blood, rapes, riot, and immoderate expense, to satisfy their lusts, beggary, shame, loss, torture, punishment, disgrace, loathsome diseases that proceed from thence, worse than calentures and pestilent fevers, those often gout, pox, arthritis, palsies, cramps, sciatica, convulsions, aches, combustions, etc., which torment the body, that feral melancholy which crucifies the soul in this life, and everlastingly torments in the world to come.¹³¹

The same irrational force which makes salmon swim upstream through rapids and chance suicidal leaps against the weirs, drives men to discharge the contents of their seminal vesicles, and makes women lose all sense and shame. Procreation is a side effect. If children were brought into the world by an act of pure reason alone, Schopenhauer asked, would the human race continue to exist? Vain are attempts to subdue the sexual instinct by theory, fear, or punishment.

Woman, whether seen as a vessel of the Devil or a carrier of disease, evokes fear in men, who in turn, try to subjugate her and tame her. The current emphasis on 'screening' the sexual organs of women, under the pretext of preventing cancer, is a direct continuation of the 19th-century preoccupation of the medical profession with the female genitalia – the *fons* and *origo* of an evil which had to be exorcised by hysterectomies, ovariectomies, clitoridectomies, cervical leeching and cauterisation.

Lifestylism

In his annual oration before the Medical and Chirurgical Faculty of Maryland in 1881, Dr William Goddell feared that the notion of the intellectual equality of women with men would lead to the breakdown of marriages, divorce and wife murders. He knew from experience that women were not capable of the same amount of brain-work as men, and that if they tried to emulate men they would ruin their health and be rendered unfit for the duties for which they were destined by their Creator, that is, ovulation, parturition, lactation and maternity. The patriotic side of the subject was likewise dwelt upon, with examples of the fall of Greece and Rome due to the neglect of the sanctity of marriage. Goddell added that the emancipation of women was not only immoral but also a serious health hazard. Thus, for example, attempts to regulate conception would lead to ovarian cancer.¹³²

The medicalisation of morality is still widespread. A professor of gynaecology, writing in the *British Journal of Obstetrics and Gynaecology*, thought that, for the first time in history, morality could be vindicated 'scientifically', as early sexual activity in girls increased the risk of cervical cancer.¹³³ However, as equally strong evidence exists for a protective effect of early pregnancy against colorectal cancer, a condition much commoner than cervical cancer, the possibility that some 'immoral' behaviours could be shown 'scientifically' to be beneficial, is likely to boggle the minds of medical moralists.

In 1984, a group of prominent Irish doctors issued a warning to politicians who were contemplating lifting the ban on the sale of condoms. Having listed the dire consequences of such 'liberalisation', including an upsurge in venereal diseases, abortions and cervical cancer, the doctors' letter concluded: 'Furthermore, legalising something that is productive of so much proven pathological and sociological sequelae is to us both reprehensible and horrific'. How little has changed in the language of medical moralists over ages. In 1887, Dr T M Dolan, a well-known British gynaecologist, denounced

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any form of artificial contraception on medical, moral and economic grounds.

The prolific mother has been ever the type of ideal happiness, because the family makes the State, and because each State wants her citizens.

The ‘method of retraction’ was to be condemned on ‘medical’ grounds including, first, it was an offence against natural law; secondly, it was detrimental to the interests of society; and thirdly, it caused physiological injury.¹³⁴

As contraception without medical prescription or supervision gives people too much control over their reproduction, every step in freeing human sexuality from doctors has had to be fought against fierce resistance by the profession. The battle for abortion ‘on demand’, that is, letting women make their own decisions, is still raging. In Ireland, for example, abortion even in cases of incest, rape, or anencephalic foetuses is still anathema to the majority of doctors.

Those who can, do; those who can’t, moralise. Cicero, in his old age, saw the declining libido of greybeards as a release from a deadly curse – sex being the bait of sin by which men are caught like fish. Bald heads, forgetful of their own youth, preach about the virtue of abstinence.¹³⁵ C E M Joad, in *Trasymachus*, put it like this:

In the sphere of morality the function of the old is confined to discovering methods of deterring young people from pleasures of which they themselves are no longer capable. Old men give young men good advice, no longer being able to give them bad examples.¹³⁶

In the 19th century even kissing became suspect. A doctor in Ohio proposed a law abolishing kissing as a menace to public health.¹³⁷ And, in the *Journal of the American Medical Association*, Samuel Adams, a professor of medicine,

reviewed the dangers of kissing, which included the transmission of scurvy, diphtheria, herpes, parasitic diseases, ringworm, and ulcerative stomatitis. He reported a case in which a person kissed on the ear suffered a rupture of the eardrum, 'undoubtedly due to suction', and warned that frequent kissing of children could induce precocious puberty, undue excitement of sexual organs, and irregular menstruation.¹³⁸

Even today kissing is viewed by some authorities as either immoral, dangerous, or both. In 1991, as part of its contribution to World AIDS Day, WHO issued a warning on French kissing. The year before they would only go as far as declaring that 'kissing on the cheek' was safe¹³⁹ and according to *Agence France Presse* a woman in Fujairah in the United Arab Emirates was sentenced to two months in jail after she was kissed by a male friend in the street.¹⁴⁰ At least the Islamic moral police do not medicalise the act. Five Finnish doctors, writing in *The Lancet*, warned against kissing Russian girls, as one tourist (among some 400,000 Finns who visit Russia every year) returned from St Petersburg with diphtheria. Though he admitted that he had kissed a girl, he had also drunk from unwashed glasses at a birthday party. The local girl remained healthy, but the doctors believed that 'contact with a local inhabitant' was of public health importance.¹⁴¹

'Promiscuity' is an undefined term commonly used by epidemiologists, although a rule of thumb definition might be having more partners than the epidemiologist. In the 18th century, frequent coition was blamed for innumerable ills. Nicolas Venette, an eminent French surgeon, in his widely read *Tableau de l'amour conjugal* (translated into English in 1750), listed the brain melting like ice before the fire, eyes growing dim, consumption, diabetes, loss of hair and memory, shortening of one's life by two thirds, as some of the consequences of venereal excess. Sex in moderation, on the other hand was wholesome, clearing one's mind and

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eyesight, and protecting against epilepsy, gout and green sickness; in fact there was 'no surer or safer means to preserve health and avoid sudden death than now and then to take a frick with a woman'.¹⁴² It was all a matter of deciding the correct interpretation of 'now and then'.

The Calvinists, however, had no truck with the French view of carnal pleasure. In 1758 the Swiss doctor, Samuel Auguste Tissot, published his seminal book, *Onanism: a treatise on the disorders produced by masturbation*, a topic which was to stimulate medical minds for the next two centuries. Alex Comfort devoted a whole book to the sordid history of the war on self-abuse, in which the medical profession was finally forced to retreat.¹⁴³ I am reminded of a cartoon showing two centenarians, slumped in armchairs, with the caption: 'And now they tell us that masturbation is harmless'.

And who would believe that in 1945 *The Lancet* feared that the use of menstrual tampons could lead to the unnatural loss of virginity in British women and consequently the General Medical Council ruled that the words 'unsuitable for unmarried women' must be printed on every box of tampons? This information was unearthed by Caroline White, editor of the *Journal of Clinical Pathology* as probably the first 'health warning' on consumer goods.¹⁴⁴

AIDS might be a recently identified disease but nearly everything which is being said and done about it has close parallels in the history of syphilis. Owsei Temkin, in his classic historical account of syphilis and morality, distinguished four main periods in society's reaction to this disease.¹⁴⁵ When, towards the end of the 15th century, syphilis became an epidemic disease, still with no clear connection to sexual intercourse, moralists saw it as another plague and God's scourge. Doctors refused to treat the victims and the sufferers had to turn to barbers and charlatans who peddled a deadly mercury salve 'cure'. In the first half of the 16th century, sexual transmission of the disease became widely

accepted and 'the torture by mercury was at the same time the atonement for sin', but not for the numerous victims from the ranks of the aristocracy, for whom doctors devised a pleasant potion derived from 'holy wood' (guaiacum). In the age of gallantry, atonement and retribution were not part of the moral code. The third period was heralded by the puritanism of the rising bourgeoisie.

Syphilis was not only a sin of the flesh, it was a vice, a sign of moral degeneration, a stigma of disgrace. The last period, which started in the second half of the 19th century was characterised by the involvement of the state: syphilis became a threat to the nation's health and a crime. The medical profession willingly accepted the role of controllers of social deviance, acting as state agents in combatting vice. At the same time they also took upon themselves the role of guardians of morality. In 1860, the famous London surgeon, Samuel Solly, President of the Royal College of Surgeons, regarded syphilis not as an evil but as a blessing, since it restrained unbridled passion. 'Could the disease be exterminated, which he hoped it could not, fornicators would ride rampant through the land'.¹⁴⁶

The cause of syphilis, *Treponema pallidum*, was discovered by Schaudinn in 1905 and in the next year, August von Wassermann devised a test for syphilis. Walsh McDermott, emeritus professor of public health and medicine at Cornell University recalled how the use of the Wassermann test for screening, for example in compulsory pre-marital examinations, ruined the lives of countless people, as the test was correct in only about one-half of 'positive' results. It was a 'massive 40-year-long unfortunate experiment'.¹⁴⁷

In 1910 Paul Ehrlich introduced Salvarsan, an arsenical compound for the treatment of syphilis. This was the first chemotherapeutic synthetic agent to be effective against an infection. Moralists greeted this discovery with dismay since the punishment for sin would lose its sting. In 1916 the Royal Commission for Venereal Disease campaigned against free

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treatment to discourage risk-free fornication. And the National Council for Combating Venereal Diseases went a step further and opposed even prophylactic education. In the words of their vice-president, Sir Francis Champneys, 'venereal diseases should be imperfectly combatted so that, in an attempt to prevent them, men should not be enticed into mortal sin'.¹⁴⁸ Champneys feared that widespread publicity about the prevention and available treatment of venereal diseases would throw the nation into a perpetual orgy. Some innocent bystanders might get hurt, but that was a fair price to pay. 'A person dying of syphilis innocently acquired', he said in 1922, 'is better off than a person who commits fornication with complete physical safety and does not repent'. The same view is expressed by a repentant Pozdnyshev in Tolstoy's *The Kreutzer Sonata*: 'to cure syphilis is the same as to safeguard vice'.

Penicillin made the treatment of syphilis much simpler and more effective. Instead of 40–60 weekly injections of the arsenicals, the penicillin cure took only eight days, causing further worries for the moral crusaders. For example, in a book, innocently entitled *New Problems in Medical Ethics*, a contributor sounded an alarm: 'Young people learn quickly of the existence of various preventatives, and the argument of venereal danger loses, therefore, much of its force'.¹⁴⁹ This book was a translation of the French Catholic publication *Cahier Laennec*, and one chapter dealt with the medical and psychological sequelae of masturbation among boys; it was written by Professor J G Prick! *Nomen omen?*

In the 1930s, the United States Public Health Service embarked on an infamous experiment which was only terminated in 1970 amidst scandalous revelations. Four hundred poor blacks from Tuskegee, Alabama, who were infected with syphilis, were left untreated until they died in order to study the natural history of the disease.¹⁵⁰ These human guinea pigs were told that they had 'bad blood' and for their cooperation in submitting to various tests they were promised

a free funeral. The US government has never apologised for this experiment.

The attitude of doctors towards the value of fear as a deterrent against syphilis is paralleled by the contemporary justifications, offered by some moral crusaders, of denying clean needles and clean drugs to drug users, so that the likelihood of contracting AIDS and other serious infections is increased. Yet another parallel dates from the final years of American Prohibition, when, in 1930, the 'drys' pushed a bill through the Senate for the compulsory adulteration of industrial alcohol with methylalcohol. This was meant to deter people from drinking it, although the 'undeterred' might become blind or die as a result. Such an outcome was equivalent to suicide in the eyes of the prohibitionists.¹⁵¹

AIDS took the United States by surprise. How could a country which saw itself as pure and clean be visited by such a calamity? Causes and scapegoats had to be found. It had to be imported by foreigners (the initial theory blamed the Haitians). It was a final God-sent warning. Compared to syphilis, AIDS had an additional special feature, which made victimisation even easier – it was a 'gay plague'. Normally calm public health officials became hysterical. Doctors panicked. It was even suggested that everyone should be screened. In a public survey in 1987, 29 per cent of Americans thought that persons testing positive should be tattooed to make them readily recognisable. Journalists began to write of AIDS as the cause of death in obituaries. Various forms of mandatory screening were introduced by employers, immigration officials, insurance companies, and in schools and prisons. Some countries introduced compulsory detention, isolation or quarantine for carriers of the HIV virus. In extreme cases, the carriers were executed. According to the *Daily Telegraph's* Bangkok correspondent, 25 Burmese prostitutes, who tested HIV positive, were executed by cyanide injection.¹⁵² Refusal to treat patients with AIDS, or the carriers of the virus, has been defended by doctors in the USA,

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Australia and Ireland as 'ethically justifiable'. Similar attitudes have been reported in relation to denying treatment to smokers. Who will be next?

As healthism is driven by a thirst for power rather than by concern for the welfare of fellow men, it is devoid of any moral principles. Apparently neopuritanical messages can coexist with encouragement to fornication – provided sex is under medical control, that it is made sterile and 'safe'. According to Reuters, Finnish health experts called for 'government-organised sex holidays as a cure for citizens worn down by the stress of modern life'.¹⁵³ It might not have occurred to these 'experts' that some of the people they wanted to cure with sexual holidays had been under too much stress from the Finnish health-promotion propaganda against smoking, drinking and sex as causes of cancer.

In Britain the Health Education Authority had to pulp their own book, *Your Pocket Guide to Sex* with 'health information' aimed at 16 to 24-year-olds of the kind 'if it's safe sex and you use a condom, you could screw hundreds of people and never come in contact with HIV'.¹⁵⁴ These smutty, vulgar, 'all is permitted' products of state organisations, written by self-appointed experts accountable to no one, coexist with campaigns against even looking at the opposite sex in case such gazes might be interpreted as sexual harassment.

Sexual harassment is one of the healthist concepts brewed in the feminist covens in the USA in the 1970s. Now some 50 per cent of women in US federal employment feel themselves to be victims of this new plague. A survey among eight to 11-year-olds, carried out by the American Association of University Women's Educational Foundation in 79 schools across the USA, found that 85 per cent of girls and 70 per cent of boys had been sexually harassed. According to the president of the Association, Ms Sharon Schuster, 'sexual harassment is endemic'.¹⁵⁵

The medical profession was quick to jump on the band-

wagon. The *New England Journal of Medicine* published a 'scientific' paper, according to which 73 per cent of young women doctors and 22 per cent of young male doctors experienced sexual harassment in medical school.¹⁵⁶ It would usually take some 10 to 15 years for this kind of nonsense to cross the Atlantic and establish firm roots here but this time, however, within a few months an editorial in *The Lancet* was dismissing the American Medical Association's recommendation on the need to develop and implement a sexual harassment policy as 'mealy-mouthed'. 'A more rigorous response is required' thundered the editorialist.¹⁵⁷ The installation of hidden cameras in every office, ward and corridor, with a central monitor in the personnel office, manned 24 hours a day by experts on sexual harassment?

In an artificial atmosphere of suspicion and fear, created by feminists who see all men as potential sexual harassers, rapists and child abusers, the nuclear family is under attack. In Britain, awesome inquisitorial powers usurped by social workers and other 'carers', whose circles have been infiltrated by such ideology, have resulted in a nationwide hunt for child abusers.

In 1986, two Leeds paediatricians published an article in *The Lancet* on 'buggery in childhood'.¹⁵⁸ The test they used, known as 'reflex anal dilatation', had not, at that time, been properly validated with controls on normal children, but this did not stop other eager paediatricians diagnosing anal rape in toddlers, a process which culminated in the Cleveland inquiry in north east England in 1987. During this process large numbers of children were diagnosed as having been abused and many were taken from their homes and placed in council care. No medical tests are perfect, but the value of reflex anal dilatation is open to severe doubt. In fact, by their own admission, Hobbs and Wynne found the test positive in only 43 per cent of sodomised children,¹⁵⁹ and it was two years later, in 1989, before data on the prevalence of reflex anal dilatation in *normal* children became available.

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Two paediatricians from Birmingham reported in the *British Medical Journal* that the test was positive in 14 per cent of small children.¹⁶⁰

A simple calculation reveals the full horror of using this test for incriminating fathers for sodomising their own children. Stanton and Sunderland suggested that less than one per cent of children are in fact sodomised. With this assumption, the application of the reflex anal dilatation test to 10,000 children would turn out 43 true positives among 100 (one per cent) anally raped and 1,386 (14 per cent of the remaining 9,900 normal children) false positives. In other words, out of 100 'positive' tests, 97 would be false positive. Words cannot describe the suffering of countless families falsely accused of an unspeakable crime.

In the aftermath of the child abuse hysteria, convenient scapegoats were found, but without the central issue of who was stirring up the mass hysteria about child abuse and, more recently, Satanic child abuse, being addressed. In 1991 a four-year-old girl was threatened with being taken into care because she had an allergic reaction to cow-parsley sap. Both she and her brother developed skin blisters after they had been shooting dried peas at each other, with their father, through makeshift pea-shooters made from cow-parsley stems. The family was not believed and social workers ordered the girl to be kept in the Royal London Trust Hospital for three days.¹⁶¹ In 1994, in West Sussex, a new pair of Wellingtons, with a child's name inscribed in ink on the inside, nearly caused the indefinite separation of a six-year-old girl from her family. A vigilant teacher noticed suspicious 'bruises' on the girl's legs and sent her to hospital where a paediatrician, a detective and a social worker concluded that the 'severe bruising' was inflicted either by a whip or a cane. The family was compelled to bring their other child to hospital for a humiliating examination for signs of 'abuse'. The 'bruises' washed off in the bath.¹⁶² These stories have the typical ingredients of the methods of the Inquisition. The

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denials of the accused, or of the child, are constructed as admission of guilt. There is no advocate to defend the rights of the child or of the family. The sheer incompetence of the witch-hunters, bent on obtaining 'results', is staggering.

The worst excesses of this kind have been perpetrated by social workers determined to prove the existence of widespread Satanic child abuse. Despite the lack of any police evidence in support of these claims, the panic has swept Britain from Kent through Nottingham, Cheshire, Lancashire and West Yorkshire to Strathclyde and the Orkneys. The infiltration of social work by born-again Christians and by strong US fundamentalist influences has facilitated the propaganda of a Satanic myth. For various therapists, counsellors and specialists in Satanic child abuse, the scare has become a lucrative business.

5 The demon drink

And I say a prayer: Dear God, who created the human condition and put the pain and death in the bottle, let there be Scotch and water for those poor sinners who have no more hope, and a shot of morphine to carry them through.

(George MacBeth)

In popular imagination, alcohol, in its various palatable forms, has always been seen as the water of life, *aqua vitae*, the ultimate restorative. Even the Bible admits that there is a place for drink in the human predicament: 'Let him drink and forget his poverty and remember his misery no more' (*Proverbs*, 31, 6–17). An extravagant paean on whiskey as a panacea is found in Stanihurst's *Dieta Medicorum*:

It drieth up the breaking out of hands, and killeth the fleshworms; it scoureth all scruff and scalds from the head, being therewith washed before meals. Being moderately taken it sloweth age, it strengtheneth youth, it helpeth digestion, it cutteth phlegm, it abandoneth melancholie, it

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relisheth the heart, it lighteneth the mind, it quickeneth the spirits. It keepeth and preserveth the head from whistling, the eyes from dazzling, the tongue from lispings, the mouth from maffling, the teeth from chattering, the throat from rattling, the hands from shivering, the sinews from shrinking, the veins from crumpling, the bones from aching, and the marrow from soaking.¹⁶³

The attitude of the medical profession towards alcohol has vacillated between approval of controlled use and outright condemnation. The death rate from cirrhosis of the liver among British doctors, as late as 1961, was 3.5 times that of the general population. As George Bernard Shaw quipped, nobody seemed to notice that doctors die of the very diseases they profess to prevent or cure.

In the 19th century, alcohol was one of the most often prescribed 'drugs', used in the treatment of fevers, typhus, rheumatism, pneumonia, pleurisy and pericarditis, and as a general tonic. Dr John Eaton, writing in the *Provincial Medical Journal* in 1891, thought, however, that alcohol was so dangerous that 'it should be prescribed only in the extreme danger to life, and never used without medical advice or permission'.¹⁶⁴ Lunacy, vice and death were some of the consequences of unsupervised use of alcoholic beverages. Medical science had proofs: Professor of Therapeutics, Dr W Carter, found that seeds of any kind germinate better in water than in alcohol, *ergo*, alcohol was injurious to the vitality of protoplasm, it killed life.¹⁶⁵ A variant of this proof is the schoolboy joke about the teacher who demonstrated the baneful effect of alcohol on life by dropping a worm into a glass of water and another into a glass of whiskey. The first worm kept on wriggling, while the other one died. The moral of the story? If you have worms, drink whiskey.

On the one side, moralists crusaded against the demon drink, while on the other side, doctors sought to retain their monopoly on the diagnosis, treatment and prevention of alco-

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holism. In Ireland, between 1838 and 1841, Father Matthew, a charismatic crusader against alcohol, was reputed to have induced two million Irishmen to pledge total abstinence. The wording of the Pledge was as follows:

For Thy greater glory and consolation, O Sacred Heart of Jesus, for Thy sake to give good example, to practise self-denial, to make reparations to Thee for the sins of intemperance and for the conversion of excessive drinkers, I will abstain for life from all intoxicating drinks.

However, even Fr Matthew's crusade had only a limited effect on alcohol consumption, and in some areas of Ireland, for example, in the counties of Londonderry, Antrim and Tyrone, ether drinking became very popular since ether, not being alcohol, could be taken without 'breaking the pledge'. Dr C Graves, a dispensary doctor from Cookstown noted that on market days the atmosphere absolutely reeked of ether.

The treatment of alcoholism in asylums or by medical means was no more effective than the power of prayer, though quack cures abounded, and those most favoured by the 'patients' contained alcohol or opium. As the voluntary efforts of countless temperance organisations failed and doctors were powerless to undo the damage of widespread alcohol consumption to the moral and physical fibre of the nation, it behoved the state to criminalise the 'addiction'. Nazi public health officers argued that alcohol was far more dangerous to health than morphine or cocaine,¹⁶⁶ and alcoholics were candidates for sterilisation.

However, even Nazi Germany could not emulate the final solution of total prohibition, introduced in the USA, the USSR, and Scandinavian countries between 1915 and 1920. American Prohibition became law on January 16, 1920 and the evangelist Billy Sunday gloated:

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Good bye, John Barleycorn! You were God's worst enemy. You were hell's best friend. I hate you with a perfect hatred. I love you to hate.¹⁶⁷

The prohibitionist mentality was epitomised in a speech which the Alabama representative, Richmond P Hobson gave in Congress in 1914.¹⁶⁸ It displayed the whole spectrum of prohibitionist arguments ranging from pseudoscience to health fascism. The purpose of Prohibition was to put a stop for ever to the 'agency that debauches the youth of the land and thereby perpetuates its hold upon the Nation'. It was a humane law, as the drinker as an individual was not coerced; it simply prohibited the manufacture and the sale of the poison. 'We do not try to force old drinkers to stop drinking, but we do effectively put an end to the systematic, organised debauching of our youth'. Hobson then brought science in: 'science comes in now and says that alcohol does harm [and caused] the gradual decline and degeneracy of the nations of the past'. Scientists had proved conclusively that liquor was a habit-forming drug, destroying the brain and man's spiritual nature. Alcohol was a protoplasmic poison that:

lowers in a fearful way the standard of efficiency of the Nation, reducing enormously the national wealth, entailing startling burdens of taxation, encumbering the public with the care of crime, pauperism, and insanity; it corrupts politics and public servants, corrupts the Government, corrupts the public morals, lowers terrifically the average standard of character of the citizenship, and undermines the liberties and institutions of the Nation; it undermines and blights the home and the family, checks education, attacks the young when they are entitled to protection, undermines the public health, slaughtering, killing, and wounding our citizens many fold times more than war, pestilence and famine combined; it blights the progeny of the Nation, flooding the land with a horde of degenerates;

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it strikes deadly blows at the life of the Nation itself and at the very life of the race.

There was a handful of libertarians, such as Clarence Darrow, H L Mencken, Walter Lippmann and Will Rogers, who were concerned that Prohibition was a threat to democracy and liberty, a smoke-screen for the imposition of a puritanical tyranny. Mencken described the prohibitionist as ‘the sort of man one wouldn’t care to drink with – even if he drank’. To these hecklers, Hobson replied:

We do not say that a man shall not drink . . . we only touch the sale. A man may feel he has a right to drink, but certainly he has no inherent right to sell liquor. A man’s liberties are absolutely secure in this resolution.

(This was a vote-catching lie, as even the possession of alcohol became a criminal offence under Prohibition.)

Henry Ford, concerned about the profits in his factories, saw Prohibition as a good thing, ‘because it is economically right. We know that anything which is economically right is also morally right’.¹⁶⁹ Some of the moral fervour behind the moves to criminalise alcohol consumption was only a hypocritical posturing hiding the real motive for Prohibition, to increase the productivity of the working class.

Clarence Darrow, ten years before Prohibition became the law of the land, compared the eagerness of the ‘drys’ with their disregard for the appalling conditions of the working class. Half a million workers were maimed or killed in industrial accidents each year, but all the anti-alcohol crusaders were talking about was Rum. When workers demanded better conditions of employment, better housing, and better wages, the answer of the prohibitionists was always the same: ‘Let’s first destroy Rum. Join with us on the moral issue. Let us get rid of Rum and then we will help you’. Darrow warned that once they had got rid of rum, they would

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say, 'now let us get rid of tobacco, and then we will help you'.¹⁷⁰

After World War II, when a demoralised Europe was licking its wounds, the alcohol 'question' was temporarily put aside. In 1949, *The Lancet* wrote that 'alcohol was no longer the pressing social problem'.¹⁷¹ New studies raised doubts about the old belief that alcoholism was a disease. Heavy drinkers could be made to modify their excessive intake by 'talking' cures. The climate of the 1960s and 1970s favoured liberal attitudes on drug use, and psychiatrists were on the defensive. An editorial in *The Lancet* in 1977 summed up the situation by stating that alcoholism was more a label than a disease, and suggested that there were as many drinking patterns as alcoholics, each with different problems and outcomes.¹⁷²

In the 1980s things got worse again, both politically and scientifically. Governments, advised by the increasingly powerful body of epidemiological meddlers, embarked upon a rhetoric of 'national interest', 'the health of the nation' and 'the moment has come for action'. Epidemiologists claimed that the number of alcoholics correlated with per capita alcohol consumption. This, even if true, was about as useful an observation as proving that grass grows greener in wet climates. It was, however, a welcome signal for governments to increase alcohol taxation and thus their revenues. 'The liquor supply is too important to the public's wellbeing for it to be left entirely to free market forces'.¹⁷³ The nanny state was getting the swaddling clothes ready. By 1987 *The Lancet* was declaring that 'no level of drinking is wholly free of risk' and in the same year the Royal College of Physicians published a book with a lurid title, *A Great and Growing Evil*,¹⁷⁴ more appropriate for the self-abuse of the 19th century than for a mundane subject such as alcoholic drinks.

In 1987, WHO asked its member states to reduce alcohol consumption by at least 25 per cent by the year 2000. The ultimate aim behind this campaign is total prohibition by degrees, since instant prohibition was not politically feasible.

Why stop at a 25 per cent reduction, when anti-alcohol puritans argued that mean national alcohol consumption closely correlated with the number of alcohol-induced deaths? In the USA, on the advice of the Surgeon-General, pregnant women are no longer allowed to be sold drink in bars, and cases have been reported of children being removed from their mother's care because the nursing staff detected a smell of drink on the mother's breath. Such reckless behaviour is equated with child abuse by the vigilant pregnancy police. It is the sort of threat which may encourage a woman to have a drink to steady her nerves. Leichter believed that:

The rekindling of anti-alcohol sentiment in the United States is anchored, as it has been since the nineteenth century, in Bible Belt, Protestant fundamentalism. It may be that this most recent temperance cycle owes its vitality, in part, to the revival of fundamentalism in the United States.¹⁷⁵

In Britain, the health promotion document, *The Nation's Health*, published in 1988, called for compulsory warnings on all alcoholic beverages, similar to those already in use on tobacco products.¹⁷⁶ In the same year, Dr David (now Lord) Owen, former leader of the Social Democratic Party, came up with the suggestion that alcoholic drinks should be included under the Medicines Act.¹⁷⁷ The first country in the world to have compulsory health warnings on alcoholic beverages was Colombia, where cocaine, without a health warning, is freely available on the streets.

However, there has been a hitch in the medical presentation of the case against alcohol. Numerous studies have uncovered an unexpected and strong negative correlation between alcohol consumption and coronary heart disease. That is, non-drinkers are more likely to die of a heart attack than drinkers. Since coronary heart disease is 'the number one killer', according to the health promotion propaganda,

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and the pleasant means of prevention are available in the nearest pub, the health-promotion lobby's reluctance to promote drinking has been notable. Even increases in alcohol-related mortality from other diseases for an average drinker are not high enough to offset the dramatic protective effect of alcohol on coronary heart disease but they tried to keep it out of health education materials. When the news did leak to the press, epidemiologists complained that 'reports of our work in the lay press, unfortunately, implied that judicious tipping is a good preventative measure'. What else was the press supposed to report when studies published in *The Lancet* and in the *British Medical Journal* reported a 40–60 per cent reduction in the risk of coronary heart disease in drinkers of up to 40 to 60 drinks a week?¹⁷⁸

Professor Gerald Shaper, one of the main opponents of the idea that alcohol is beneficial to health, stated that:

The belief that light or moderate drinking is good for health in general and for the cardiovascular system in particular may be well documented and widely supported. This does not make it true.¹⁷⁹

It seems that in medicine two different sets of criteria apply for accepting or rejecting evidence. If there is the slightest hint that something pleasurable may do harm, such evidence is immediately accepted, inflated and disseminated. These are the customary 'scares of the month'. If, however, the same pleasurable activity is shown to be beneficial in any respect, such evidence must be suppressed, ridiculed, or dismissed. The idea that alcoholism is a disease and alcohol its aetiological agent is again gaining ground. The cure consists of total abstinence. This is as absurd as saying that food is the cause of obesity. What the medical model misses completely is the question of why some people eat more (or drink more) than is good for them. Similarly, compulsory 'treatment' of alcoholism by abstinence may remove the

physical consequences of excessive drinking for the time of enforced abstinence, but it does nothing to address the underlying psychological reasons or need for excessive drinking. The medical model simply medicalises problems of living, of which drinking too much is a symptom.

The most eloquent refutation of the concept of alcoholism as a disease is provided by Thomas Szasz.¹⁸⁰ While excessive drinking may cause disease, it does not follow that drinking itself is a disease. 'The misuse of alcohol is no more an illness than the misuse of any other product of human inventiveness, from language to nuclear energy'. Szasz further pointed out that the compulsory treatment of alcoholics, euphemistically called 'civil commitment', was a far more alarming state of affairs than the disease against which such 'cures' and such justifications were invoked.

Moralists now speak the language of the neurosciences. William Mayer, the Assistant Secretary of Defence for Health Affairs, announced in 1986 that the American government was 'beginning to untangle the puzzle [of alcoholism] by means of neuroscience'. Extirpation of the offending convolution in the brain will be a lasting cure.

At the 36th Congress on Alcohol and Drug Dependency, held in Glasgow, the delegates were to 'discuss whether a total ban on alcohol is a realistic or medically worthwhile goal'.¹⁸¹ The Princess of Wales, as patron of the congress, made the profound observation that 'if alcohol were to be discovered now, it would be banned'. But for that to happen, it would require a new Flood and a new Noah.

6 Damned tobacco

*Tis a plague, a mischief, a violent purger of goods, lands, health; hellish, devilish, and damned tobacco, the ruin and overthrow of body and soul.*¹⁸²

Smoking, together with drinking and fornication, has always been a mote in the eye of the virtuous. Moral and medical

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condemnations are often uttered in the same breath. In recent American health propaganda, smoking was described as 'second only to nuclear annihilation', alcohol 'as the major public health issue of our time', and AIDS as a 'peril to our entire species'.¹⁸³ There is no doubt that pleasures carry risks, but it is equally true that where there is no risk there is no fun. But as life is full of risks, most of them unavoidable, a moral rather than a medical explanation is required for why only those behaviours which are seen as 'hedonistic' earn opprobrium. At a meeting sponsored by the Committee of Smoking and Health of the Medical Society of the District of Columbia, an ethicist explained that smoking was inherently immoral since it violated at least three fundamental moral principles. First, it denied the principle that life was sacred; secondly, it denied the individual's free will, because of addiction; and thirdly, it undid 'the organic relatedness of human society' because of the "repugnant aspects" to the non-smoker'.¹⁸⁴

Smoking is a complex behaviour, with little understood neurophysiological and psychological mechanisms. A smoker of 20 cigarettes a day for 50 years will smoke 365,000 cigarettes, which, if laid end to end, would stretch 30 kilometres. Assuming an average of 15 puffs per cigarette, the smoker inhales five million puffs. With the alleged 5,000 poisonous substances in smoke, he receives 25 billion doses. What is surprising is that many smokers survive this chronic poisoning relatively unscathed.

The awesome intensity of the war against tobacco in all its forms cannot be accounted for simply by referring to certain epidemiological reports which have shown that smokers are more likely to die of lung cancer than of some other diseases. The present anti-smoking campaign is only a more blatant example of increased state control over the private lives of citizens, of the paternalism of techno-bureaucrats who wish to impose their vision of 'rational' behaviour on the whole population, and of the recrudescence of a new puritanism

devoid of any spiritual content. The issues raised by recent anti-smoking campaigns, emanating from the USA, are not limited to science or to the interpretation of statistical evidence, but overflow into politics, ideology, ethics, economy and law. They pose new questions about the relationship between the state and the individual, about the right to privacy and about the legislation of morality. Where is the boundary between information and propaganda, between education and coercion? Is the alleged harm of 'passive smoking' based on evidence, or is it a politically correct truth?

In 1988, according to a count in the *British Medical Journal*, Australian newspapers alone carried 1,600 items about smoking, of which 83 per cent disseminated fear.¹⁸⁵ Now even 'passive viewing' is to be condemned. The British Health Education Authority raised objections to films which depicted smokers, even though most of them were portrayed as villains. Health educators regularly complain to newspapers which feature photographs of smokers. Einstein with a pipe will not do: the pipe should be skilfully retouched from the photograph so that young readers will not be corrupted. They used to do this with the images of Trotsky in historical photographs from the Soviet Union.

The continuous barrage of anti-smoking propaganda uses the promise of better health as its ostensible aim. The campaign, however, has gradually degenerated into a single-issue fanaticism. As the majority of smokers now belong to low-income groups, the anti-smoking crusade of the new ruling class, who control media and education, has encountered little resistance among the middle classes, even when its rhetoric changes from coercive altruism to plain abuse. The middle class has a monopoly on moral indignation. When smoking was the norm among the middle classes, harmful effects of smoking could be calmly discussed (after all, as early as the 1880s cigarettes were colloquially known as 'coffin nails') but it would have been unthinkable to describe smokers as mentally diseased, irrational, irresponsible or

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deviant. The shift from medical aspects of smoking to moral exhortation only became possible when smoking declined among the middle classes (the upper classes have generally kept aloof and amused) and was further facilitated by the rise of neopuritanism. Samuel Butler in *The Way of All Flesh* commented on the absence of any Biblical injunction against smoking:

It had not yet been discovered [but] it was possible that God knew Paul would have forbidden smoking, and had purposely arranged the discovery of tobacco for a period at which Paul should no longer be living.

I have seen health education posters announcing ‘Smokers are Dangerous and Disgusting’ and politically correct stickers jeering ‘If you don’t smoke, I won’t fart’ An editorial in the *Journal of the American Medical Association* compared smoking to ‘making love with death’,¹⁸⁶ and the WHO publication, *World Health*, looked forward to the time when ‘the luckless and unloved smoker will have to take his or her cigarette to a small screened-off area . . . there to share the polluted air with other shamefaced “cranks” suffering from the same weakness’.¹⁸⁷ This isolation is now a reality in many places. *New Scientist* thought that ‘it is time to turn smokers into pariahs’.¹⁸⁸

According to *The Guardian* a Harley Street doctor regretted warning a chain-smoking Saddam Hussein about the dangers of smoking: ‘I honestly believe that without my advice Saddam would have died years ago. I can’t help thinking that I made a very big mistake’.¹⁸⁹ A debate periodically flares up in medical journals as to whether smokers should receive the same medical care as non-smokers, especially if they fail to give up their detestable habit. Geoffrey Wheatcroft recalled in *The Daily Telegraph* that when the historian Sir Raymond Carr had broken his arm while hunting, the attending surgeon confessed that if he had had any moral or legal choice he

would have left it untreated, since he hated hunting so much.¹⁹⁰ As doctors still do not refuse treatment to injured drunken drivers or terrorists, why are they so keen to defend discriminatory policies against smokers? The President of the Royal College of Physicians has suggested that smokers and drinkers should be required to contribute towards the cost of their treatment but in fact they have already done so more than adequately through paying tobacco and alcohol tax.¹⁹¹ In Britain, smokers pay about £20 million a day in tobacco tax alone. However, a similar view was also expressed by Dr Karsten Vilmar, president of the German General Medical Council, who suggested that 'overweight people, smokers, and participants in risky sports such as hang-gliding should contribute to the high health costs they incur through their extravagant behaviour'.¹⁹² More recently, two cardiothoracic surgeons from Leicester advocated their policy of not offering coronary bypass surgery to smokers.¹⁹³ They were supported by six surgeons from Manchester.¹⁹⁴ If human frailty were to be so penalised, the same argument could be extended to patients with AIDS and other 'self-induced' conditions. The logical conclusion of this line of thinking would be to offer treatment only to the 'innocent', which would shorten patient queues considerably. In August 1993, a smoker died in Manchester after a heart specialist to whom he was referred refused to see him and wrote: 'I have emphasised that we would not normally perform these tests [for possible bypass surgery] on people who smoke cigarettes'.¹⁹⁵ Dr Keith Ball, an anti-smoking activist, commented on this case in *The Guardian* 'Hopefully, the publicity aroused by Mr Elphick's unfortunate case will bring home to smokers the enormous benefits of stopping'.¹⁹⁶ In other words, let's teach them a lesson.

In October 1993, a consultant gynaecologist at Billinge Hospital, Wigan, cancelled a fertility operation on a 22-year-old woman when he was told that she smoked 15 cigarettes a day. This was probably the first British case in which treatment was refused for a condition unrelated to smoking,¹⁹⁷

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although in September 1993, a four-year-old boy had been refused a dental operation at Thanet General Hospital, when the anaesthetist discovered that the boy's mother smoked. According to the *Sunday Express* the mother was lectured by the doctor and told that he would not treat the child until she gave up smoking.¹⁹⁸

Some firms now sack smokers or refuse to employ them in the first place. Australian diplomats have been seen smoking in front of Australia House in London, because of a complete ban on smoking in the building.¹⁹⁹ Smoking bans are also commonplace in prisons and hospitals. In January 1993 a 16-year-old boy hanged himself in a custody centre at Deerbolt County Durham, when put into a non-smoking cell on the recommendation of a prison doctor.²⁰⁰ In a suicide note the boy wrote that he needed cigarettes to beat depression. In December 1993, at Cawston College, Norfolk, a 13-year-old girl hanged herself, because she feared she would be expelled from school for smoking.²⁰¹ A Canadian psychiatrist was upset by seeing schizophrenics smoking outside a hospital in subzero temperatures because some health fanatics decided that smoking inside was not healthy: 'With anancastic zeal we are pursuing the smokers with statistical facts, nicotine patches and diatribes'.²⁰² And a geriatrician complained in the pages of *The Lancet* of the cruelty inflicted on his patients, whose average age was 82, by the enforcement of a non-smoking policy throughout the hospital.²⁰³

In the USA, the organisation Parents Against Secondhand Smoke (PASS) advises parents in custody cases to use the fact that their partner is a smoker to deny the partner visiting rights or custody.²⁰⁴ And it is now accepted by American courts that smoking parents are unfit to have custody of their children.²⁰⁵ Some lawyers are now encouraging children to sue their parents for damage caused by passive smoking,²⁰⁶ while the British Agencies for Adoption and Fostering have issued guidelines that orphans 'should not be placed with smokers'.²⁰⁷ A correspondent in the *American Journal of*

Public Health wondered whether children living with smoking parents were not victims of a form of child abuse, as defined by the Child Abuse and Prevention Act, and whether a smoking spouse was not subjecting his or her partner to a form of 'spouse abuse'.²⁰⁸

A better understanding of the present anti-tobacco hysteria can be gained from a glance through the past three centuries of tobaccophobia. Within a year of his accession to the English throne, King James I wrote a short, rambling tract against smoking, entitled *A Counterblaste to Tobacco* (1604). Anti-tobacco activists often quote the last sentence of this curious tract with approval:

A custome lothsome to the eye, hatefull to the Nose, harmefull to the braine, daungerous to the Lungs, and in the blacke stinking fume thereof, neerest resembling the horrible Stigian smoke of the pit that is bottomless.

Perusal of the *Counterblaste* makes it clear that the King's concern was not for the welfare of his subjects, but rather for his own welfare. He argued that idle delights and soft delicacies, among which he ranked smoking, were 'the first seeds of subversion of all great monarchies'. James showed apprehension lest his subjects become disabled by smoking and thus prevented from discharging their duty to defend with their bodies 'the maintenance both of the honour and safetie of their King and Common-wealth'. The King feared that 'there cannot be a more base, and yet hurtfull, corruption in a Countrey than is the vile use of taking Tobacco in this Kingdome'.

Those who think harshly of James I will do well to bear in mind that he had Bright's disease, enlarged tonsils, renal calculi, jaundice, haemorrhoids, dental caries and pyorrhoea, and arthritis – surely enough to sour any man.²⁰⁹

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The following pre-19th-century anecdotes are taken from Conti, Christen *et al* and Kiernan.²¹⁰

In 1605, anxious to have his diatribe endorsed by science and Academia, King James invited himself to Oxford for a public debate about the harms of smoking. Not surprisingly, the dons concurred with the King that smoking should be banned in medical schools and that sensible people should not smoke. There was only one physician who mustered the courage to contradict the King's wisdom: a Dr Cheynell, who had graduated from the medical school only two years previously, took the floor, and puffing on his pipe, opposed the Monarch. Fortunately for him, he expressed himself so wittily that the King laughed, and Cheynell, as a court jester, survived. The King then went to Cambridge, where appropriate precautions were taken by the Vice-Chancellor, who ordered that neither staff nor students should smoke or take snuff during the visit. But even James I realised that the imposition of heavy import duties on tobacco would be more beneficial to him than issuing a prohibition order. In 1629 Cardinal Richelieu gave the same advice to the French monarch, who also hated smokers.

The attitude of the Church to smoking moved quickly from abhorrence to toleration. In 1642, Pope Urban VIII issued an anti-tobacco bull, *Ad futuram rei memoriam*, in which he denounced the use of tobacco by the clergy:

We blush to state that during the actual celebration of Holy Mass, the priests do not shrink from taking tobacco through the mouth or nostrils, thus soiling the altar linen and infecting the churches with its noxious fumes.

And anyone using tobacco in church was threatened with instant excommunication. His successor, Pope Innocent X, upheld the ban, but the next Pope, Benedict X, quashed Innocent's ban and ordered it to be 'withdrawn, annulled, and utterly repealed, as though it had never existed'. Bene-

dict had become addicted to nicotine himself, and the Papacy allowed the sale of tobacco and brandy, provided that the contractors paid a reasonable revenue to the Papal States.

In less enlightened parts of the world, smokers were persecuted for their monstrous crime. For example, in 1633, the Ottoman sultan, Murad IV, made smoking a capital offence. Reports (not well authenticated) indicate that his father, Ahmed, used to punish the wretches caught smoking in public by having a pipe-stem thrust through their nose and, as a warning to discourage others, were paraded through the streets on a donkey. Murad IV, reasoning along the same lines as James I, thought that smoking sapped the fighting ability of his soldiers, and he further thought that smoking made men infertile (this side effect was rediscovered by anti-smoking campaigners quite recently), thus reducing the military potential of the future Ottoman armies. Soldiers caught smoking on the battlefield were dealt with summarily by beheading, quartering, or just having their hands and feet crushed and being left to their fate. Even such savagery was not enough to stem the inexorable spread of the tobacco habit and Murad IV's successor became a passionate smoker.

In 17th-century Russia the Tsars had a policy of punishing smokers by slitting their lips or nostrils, or, in the case of tobacco sellers, flogging them to death or castrating them. In Denmark, in 1655, the Court Physician, Simon Paulli, wrote a denunciation of smoking at the request of Christian IV, King of Denmark and Norway. In Japan, in 1616, the property of smokers was liable to confiscation, and a Chinese law of 1638 threatened tobacco sellers with decapitation. In England, however, smoking very quickly became widespread and respectable and it was even believed that smoking protected against the plague. In 1665, at Eton, all boys were obliged to smoke every morning, and, as recalled by Tom Rogers, who was a yeoman beadle at Eton, he was never whipped so much in his life as he was on one morning for not smoking. The editor of *The Medical Press*, writing in

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1899, when boys were flogged for smoking, observed that a boy is a curious animal:

This goes to prove that when doctors deal with boys, they should prescribe in exact opposition to their wishes in order to give a fair chance to the science of medicine.²¹¹

Elsewhere, tobacco was available only on a doctor's prescription, as in Bavaria after the Thirty Years War. (This idea was revived in 1983 by Dr Kilcoyne of the Irish Heart Foundation who called for a register of all smokers in Ireland, so that no one could smoke unless registered.²¹² And in 1976, Mr George Teeling-Smith, Director of the Office of Health Economics in Britain, suggested that cigarettes should be available only on prescription.)

In 1667, the burgomaster of Zürich ordered that smokers be put to forced labour or banished. A German preacher, Jacob Balde wrote in 1658:

What difference is there between a smoker and a suicide, except that the one takes longer to kill himself than the other.

In 1699, the President of the Paris School of Medicine declared that the act of love was a brief epileptic fit, while smoking was a permanent epilepsy.

The revival of anti-smoking agitation in the 19th century had the character of a crusade in which doctors and moralists joined hands. Expanding capitalist industry required masses of workers whose efficiency was not impaired by tobacco or alcohol. In Victorian England, human weaknesses, especially when indulged in by the working class, were seen as a threat to the accumulation of capital. The puritanical spirit of the Victorians may be glimpsed in regulations issued to office workers in Lichfield in 1852, which, among other prohibitions, specified that 'the craving for tobacco, wines and

spirits is a human weakness, and, as such, is forbidden to all members of the clerical staff'. This was in the era when small children were exploited in coal mines, often spending 12–14 hours a day underground, without any objection from the medical and church authorities who backed the newly-formed anti-tobacco leagues and societies.

Unusually, a tone of moderation was sounded in the medical press. In 1833, James Johnson, the editor of the *Medico-Chirurgical Review* expressed doubts about the alarmist reports from Germany that tobacco was responsible for 50 per cent of all deaths among men between the ages of 18 and 25. Johnson wrote that while smoking might be a beastly and intolerable custom, it was 'not as pernicious as those who dislike it would seem to imagine', and he tried to dispel the fears that London's air was strongly poisoned by tobacco smoke, by pointing out that it would 'require many more pipes than are at present in circulation to sully the smoky air of the modern Babylon'.²¹³

The 1850s in Britain were dominated by The Great Tobacco Debate. This was triggered by an article in *The Lancet* in 1856 by Samuel Solly, FRS, Surgeon to St Thomas's Hospital in London, who argued that the recently observed increase in cases of paralysis was caused by smoking.²¹⁴ Correspondent after correspondent enumerated all the kinds of diseases caused by smoking, including muscular debility, jaundice, cancers of the tongue, lip and throat, the tottering knee, trembling hands, softening of the brain, epilepsy, impairment of the intellect, insanity, impotence, spermatorrhoea, apoplexy, mania, cretinism, diseases of the pancreas and liver, deafness, bronchitis, and heart disease. Others added that tobacco harmed not only the smoker but also his offspring:

The enervation, the hypochondriasis, the hysteria, the insanity, the dwarfish deformities, the suffering lives and early deaths of the children of inveterate smokers bear

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ample testimony to the feebleness and unsoundness of the constitution transmitted by this pernicious habit

wrote a Dr Pidduck in *The Lancet* in 1856.²¹⁵ Worries were expressed that the health of England was at stake and that smoking would reduce the English race in the scale of nations to a point which approached the national degeneracy of the Turks. One correspondent pointed out that the constant use of tobacco in Germany made spectacles as much part and parcel of a German as a hat was of an Englishman, and concluded that a careful comparison of morbidity and mortality among smokers and non-smokers would clearly show that nicotine, tar, and scores of other poisons in tobacco shortened life.

Common sense, as usual, was in short supply, but one correspondent, a psychiatrist, J C Bucknill, warned that exaggeration was counterproductive:

The arguments applied against moderate use of tobacco are of the same one-sided, inconclusive kind as those which teetotallers have adduced against the enjoyment of fermented drinks. They employ the same fallacy – that because a thing is not necessary for the maintenance of health, and because its abuse is sometimes the cause of disease, therefore its use is pernicious and objectionable under all circumstance.²¹⁶

The editor of *The Lancet* at one point in The Great Debate also warned against overstating the case, with the unwanted consequence of losing ‘our permanent hold upon the mind of the public’, as the ‘moral razzia’ does not know where to stop and raves now against tobacco, now against meat, salt, alcohol, or sugar. The editorialist asked:

Are poetry, painting, port wine, and pipes to be run down by a moral razzia, and humanity with all its innumerable

cravings and capacities for enjoyment, reduced to the condition of an intellectual vegetable?²¹⁷

The public generally shared this sentiment and remained largely unimpressed by the anti-smoking tirades. Steinmetz, a barrister, wrote a pamphlet defending smokers and accused Solly of suffering from the ex-smoker's syndrome. Steinmetz also asked:

Do they really expect to persuade the public to believe that they, the doctors, feel interested in the continued health of nations?²¹⁸

The same question can still legitimately be asked.

Today the list of diseases and woes ready to descend on those who still smoke is even longer than the list from the Great Tobacco Debate of 1856, though with hardly any overlap. It now includes hip fractures, stroke, breast abscess, leukaemia, infertility, menstrual disorders, varicocoele, migraine, peptic ulcer, hearing loss, pulmonary embolism, dementia, hypertension, AIDS, and all kinds of cancers besides lung cancer. Children of smokers are said to be of low intelligence, prone to delinquency, asthma, pneumonia, bronchitis, meningitis, ear infections, hyperactivity, cancer and cot death. Women who smoke in pregnancy are threatened with the possibility that their children, if not stillborn, will be born with a cleft palate and other congenital malformations, and their physical and mental health will be jeopardised. Women who live with smokers run the risk of getting cervical cancer, or breast cancer, or a heart attack.

Dr J H Jaffe, a psychiatrist whom President Richard Nixon put in charge of the 'war on drugs' in 1969, declared smoking a mental disorder – a modern euphemism for the 'degeneracy' of the 19th-century smokers.²¹⁹ In the total war against the deadly enemy no ruse, stratagem, or tactic is excluded. In a booklet entitled *Smoking Out the Barons*, published by the

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British Medical Association in 1986, anti-smoking activists were advised:

If you have a time when nothing much happens (or everything goes wrong) bring in some eminent figure, clever stunt, or scandalous data.²²⁰

Activists and anxiety-makers, in order to strengthen their point that smoking is the greatest known health hazard, find it useful to compare the number of deaths attributed to tobacco with the Holocaust. Thus, for example, Dr Foege estimated that ‘the annual global death toll of tobacco will equal the total death toll of the Holocaust of Nazi Germany’, and to ensure that his message was not misunderstood, he entitled his editorial in the *Journal of the American Medical Association* ‘The Growing Brown Plague’.²²¹ Another editorialist in the *Journal of the American Medical Association* wrote:

Smoking is exacting a heavier toll in lives and dollars than cocaine, heroin, AIDS, traffic accidents, murder, and terrorist attacks combined . . . At this rate we will lose six million of our brothers and sisters during the next 16 years and four months. [This exact time was calculated to the end of the millennium.]²²²

This is exactly what Congressman Hobson said in the US House of Representatives on December 22, 1914, referring to alcohol, which ‘undermined public health, slaughtering, killing and wounding our citizens many times more than war, pestilence and famine combined’.

For those smokers who may get lost in big numbers, the old canard that smoking gives you wrinkles is always handy. In Ben Jonson’s *Bartholomew Fayre* (1614), Justice Overdo warns that tobacco makes the smoker’s complexion ‘like the Indian’s that vends it’; besides ‘it turns his lung rotten, the liver

spotted, and the brain smoked like the backside of the pig-woman's booth'. This phenomenon is now known as the 'fag-fiend's face', and in 1985 the British Medical Journal published a gallery of mug shots of inveterate smokers, including that of W H Auden, to show how ugly they were.²²³ The 'smoker's face' has been discussed in other medical publications although no-one so far has revived the 1920s observation, recorded by H L Mencken in his *Americana*, that 'smoking makes women's noses red and causes moustaches to grow'.²²⁴

Nuehring and Merkle traced the official attitudes towards smoking in American society back to the beginning of the century when 14 American states prohibited cigarette smoking and all the remaining states (except Texas) had laws against the sale of cigarettes to minors.²²⁵ In Michigan, for example, the law stated that anyone who sold or gave cigarettes to a person under the age of 21 should be punished by a fine or imprisonment. Possession of cigarettes by a minor was also a punishable offence. Then, however, profits took precedence over morals and by 1927 all the 14 states repealed their anti-cigarette laws. After a long lull, the pendulum swung again with the publication of the Surgeon-General's report on Smoking and Health in 1964. Within a year health warnings appeared on cigarette packages, and television commercials were banned in 1971. Cigarette producers in the USA, however, did not suffer, as the reduced consumption at home was more than compensated for by increased exports, especially to the Third World. As Nuehring and Merkle observed,

Much of the federal agencies' antismoking zeal remains a mystery. It appears that a large component of their persistence was tied to organisational needs for their survival, role definition, and power.

The last European campaign, before the current, American-inspired one, was the anti-smoking crusade in Nazi Germany. As is usually the case, smoking and drinking were

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simultaneous targets. The Berlin correspondent of the *Journal of the American Medical Association* reported in 1939 that a professor of public health addressed a mass rally of 15,000 people on the evils of tobacco and alcohol. Tobacco was highly injurious to health and reduced the number of those fit for military service. The professor further pointed out that there was a close connection between smoking and physical and mental susceptibility to disease. He demanded that tobacco addiction be mercilessly combatted by government and that 'increasingly shameful methods of advertising' should be banned.²²⁶ Hermann Goering, the Commander-in-Chief of the Luftwaffe, forbade his pilots to smoke in public. (In 1993, servicemen in Singapore were forbidden to smoke in public while in uniform.²²⁷) Hitler himself donated 100,000 DM from his personal funds to the Institute Against Tobacco at the University of Jena.

The smoke-free world by the year 2000, dreamt about by the US Surgeon-General²²⁸ is a vision which has no relevance to the real problems of the world – famine, overpopulation, wars, diseases of poverty, and man's inhumanity to man. In the developed world, we should accept that some people, for whatever reasons, will continue to smoke. While the health hazards of smoking are indisputable, they should be presented truthfully, without exaggeration or moralising. It is dishonest for the state to blame smokers for their addiction, and at the same time to derive fat revenue from tobacco sales. Some paternalism towards children is justified, but the main role in discouraging children from starting to smoke should be left to parents, rather than to the coercive apparatus of the state.

One of the unexpected victims of the war on tobacco is science. The Humean philosopher, Antony Flew, noted that:

All persons and organisations campaigning against smoking have a compelling reason to establish that environmental tobacco smoke is harmful, and the more extensive and substantial the harm the better. For this is precisely the

covery which they need in order to undermine principal libertarian opposition.²²⁹

Scientists who see themselves as ‘progressive’ in their crusade to promote public health are so strongly motivated to find the proof they need that ‘temptations to self-deceiving error [are] as strong as any material interest’.

John C Luik, a political philosopher, provided compelling evidence on how the need of the US anti-smoking movement to come up with scientific proofs of the harmfulness of second-hand smoke to innocent bystanders led to politically corrupt science at the offices of the EPA (Environmental Protection Agency) and of the Surgeon-General. Luik observed that corrupted science has three major characteristics:

First, corrupt science is science that moves not from hypothesis and data to conclusion but from mandated or acceptable conclusion to selected data to reach the mandated or acceptable conclusion. That is to say, it is science that uses selected data to reach the ‘right’ conclusion, a conclusion that by the very nature of the data necessarily misrepresents reality. Second, corrupt science is science that misrepresents not just reality, but its own process in arriving at its conclusions. Rather than acknowledging the selectivity of its process and the official necessity of demonstrating the right conclusion, and rather than admitting the complexity of the issue and the limits of its evidence, it invests both its process and its conclusions with a mantle of indubitability. Third, and perhaps most importantly, whereas normal science deals with dissent on the basis of the quality of its evidence and argument and considers *ad hominem* argument as inappropriate in science, corrupt science seeks to create formidable institutional barriers to dissent through excluding dissenters from the process of review and contriving to silence dissent not by challenging its quality but by questioning its character and motivation.²³⁰

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Until the 1950s, the discipline of epidemiology was largely taken up with studying the patterns of infectious diseases. Increasingly, since then, it has become something else, the association game, a search for associations between ‘diseases of civilisation’ and ‘risk factors’. If it is to command academic respect it is crucial that this new epidemiology develops rigorous canons of scientific inference and applies scientific criticism remorselessly and unselectively even when the results do not please the investigators. Its findings must be valid and reliable and not dictated by fashion, politics, the interests of epidemiology itself or some epidemiologists’ definition of the public good. The 20th century has already had enough of regimes which tolerate, even encourage, bad or fraudulent science in the name of the good of the nation or society. They make for bad science and extremely uncomfortable societies.

So how scientifically rigorous is current epidemiology? Professor John Last is one of the leading figures in Canadian epidemiology. At his plenary address to the International Epidemiological Association he discussed criticisms of studies which, while scientifically less than adequate, reach conclusions we might call ‘politically correct’. He suggested that criticism of such studies was ‘irresponsible’. In his own words,

Another kind of credibility is more worrying. This is rigid, insensitive application of scientific rigour that disregards the weight of circumstantial evidence, calling into question the validity of epidemiological findings *when it is not in the public interest to do this*. (emphasis added)²³¹

He continued, despairing that ‘some epidemiologists continue to find flaws in evidence that links tobacco to cancer’ (presumably referring to passive smoking) and suggested that such scientists ‘should be accountable for the harm that results’. Accountable to whom? One wonders. The Grand Inquisitor?

III

Coercive medicine

1 From theory to practice

In his magisterial *On Power: The Natural History of its Growth*, de Jouvenel noted that until the 18th century the mechanisms of the growth of state power were understood and critically exposed in writings, for example, the work of Montesquieu, de Tocqueville or Taine, but ‘now we no longer understand the process, we no longer protest, we no longer react’.¹ In Britain the last defender of liberty, ‘the only freedom which deserves the name’, was John Stuart Mill. But not many school leavers have heard of Mill since providers of compulsory state education are careful not to allow his essay *On Liberty* to fall into the hands of their charges.

Until the 18th century, the place of man in the universe and the rules of right conduct were defined by the Church. Then for the first time in human history, ‘the pursuit of happiness’, codified in the American Declaration of Independence, became a new right, guaranteed to each citizen by a secular government. It was another 200 years before the state began to use its resources to *enforce* the increase of the sum total of human ‘happiness’, no longer understood as the rugged individualism of the Founding Fathers, but as adherence to a state-prescribed ‘lifestyle’. The change was facilitated by the emergence of a new class of experts on human happiness who succeeded in convincing the masses that the false glitter of old utopias could be transmuted into objective methods of ‘behavioral modification’, based on strictly scientific and rational principles. The term ‘happiness’ was no longer used,

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since 'health' was believed to be its scientific equivalent. Right conduct, common decency and even good manners were to be replaced by lifestylism. Lifestyle experts came mainly from the disciplines of epidemiology and statistics. For the realisation of their plans they needed, and readily received, the full power of the state coercive apparatus, and an auxiliary army of bureaucrats and 'helpers', again willingly provided in exchange for sweet power.

Those on the receiving end were never asked whether their idea of happiness had any resemblance to a correct lifestyle as set down in government publications. As de Jouvenel put it,

The handling of public affairs gets entrusted to a class which stands in physical need of certitudes and takes dubious truths to its bosom with the same fanaticism as did in other times the Hussites and Anabaptists.

Today's epidemiology has become the bottomless spring of such dubious truths, converted by statistical sleight-of-hand to required certainties.²

Like Leninism, healthism, with its wonderful promises, attracts dedicated altruists and otherwise intelligent people. Some of them may even acknowledge that people may get hurt in the process, but as Marxist-Leninist activists used to say, when you are clearing a wood, splinters fly around. The glorious visions of Health for All, or of the Smoke-free Planet by the Year 2000 can only be criticised by irresponsible lackeys on the payroll of industries which thrive on making people sick, or by moral idiots.

The ways of implementing healthist politics include the substitution of health *education* by health-promotion *propaganda*; the introduction of regular 'health' screening for all citizens; the coercion of general practitioners, through financial incentives, to act as agents of the state; the presentation of the politically corrupt science of healthism as objective

knowledge; the taxation of goods deemed to be 'unhealthy'; interference with the advertising of legal products; and introducing legislation which is 'nothing better than the hurried botching of short-sighted interests and blind passions'.³ Healthist authorities are not directly accountable to the public. They operate in a moral vacuum. Their power is, in practice, uncontested because of the legitimacy they have spuriously borrowed from medicine and science and their concerned beneficence. Their potential for harm is unassessed.

2 Coercive altruism

What motivates health educators to devise strategies for 'behaviour modification'? Why does the medical profession willingly take on the task of behaviour control? Is it a purely altruistic concern? A benign form of paternalism or a puritanical zeal to establish behavioral conformity? The 'risky' lifestyles that we are encouraged to avoid are often those which depart from the puritanical, middle-class view of what *ought* to be; the view that such pleasurable activities as drinking, overeating and sex must be harmful and therefore ought to be eradicated.

While the medical profession is not renowned for an exemplary puritanical lifestyle, the control of the lifestyle of others enhances their power. The power of the medical profession is jealously guarded and is vested in their moral, charismatic and scientific authority. The moral authority of doctors has rarely been questioned as doctors are on the side of the angels; they fight evil, suffering and death. Their charisma is enhanced by the nature of their task: they can 'see through' the patient by means of X-rays, they can put the patient into a death-like state with anaesthetics and hold his heart in their hands, operate on his brain, and implant spare parts. Their scientific authority stems from doctors' impersonation of scientists. For example, doctors' white coats became a standard uniform in the 19th century, in imitation

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of laboratory scientists. With a microscope and a rack of test-tubes behind the doctor's desk, the patient was made to feel that he was in the presence of a Pasteur.

The study of human behaviour is not a science in that it discovers no universal laws. It constructs moral stories, meaningful only for a particular society, time and place. This is not to imply that human behaviour is not an important and intriguing subject, but not everything interesting is a science. Michael Oakshott used the metaphor of 'blinks' and 'winks' to distinguish objective phenomena from subjective phenomena. Blinks represent facts, winks convey meaning. In medicine, blinks correspond to the objective signs of disease, but the concept of disease is in part a wink-construct, and the purpose of medicine is to give blinks meaning. In this process the subjective (moral) interpretation becomes paramount, but hidden in technical, 'objective', jargon, imitating the language of science. To use one of Thomas Szasz's examples, anorgasmia (the inability to experience sexual pleasure) is a 'disease', 'treated' by doctors, while the inability to weep when sad, is, by arbitrary criteria, not a disease. Similarly, addiction to drugs is a 'disease' but addiction to money or power is not.

One of the main sources of the power of the medical profession is their monopoly in defining 'normal' and stigmatising 'abnormal'. In the past this normalising function applied only to physical disorders, and mental disturbances severe enough to require a psychiatrist's opinion. More recently, the urge to normalise has been extended to the behaviour of healthy people, as part of the new policy of health promotion and disease prevention. Some lifestyles are deemed 'unhealthy' or 'irresponsible', depending on whether the descriptive model is implicitly or explicitly moralistic. It is ironic that the term 'the permissive society' should have appeared at the same time as sanctions to increase medical control of people's lives.

Malcolm Bradbury attended an academic conference in

Canada in 1993 and he described the university campus as a 'typical Nineties hell: smoking-free and drinking-free, the kind of politically correct place where they put condoms next to Nescafé's sachets in the room, but the girls all walk around with rape alarms'.

A correspondent from Singapore sent me some clippings from local newspapers. According to one, the Senior Minister of State for Education announced a new government strategy to combat obesity among schoolchildren – they were to be given marks for their weight in their report books, so that their parents when checking on their academic progress would also see their grade for health and fitness.⁴ The *Straits Times* quoted a cardiologist who called for a tax rebate for those who joined health clubs or purchased sports equipment, such as treadmills or exercycles.⁵ Health propaganda is disseminated in English, Mandarin, Tamil, and Malay in order to reach as many Singaporeans as possible. Even chewing gum is banned in Singapore, though according to the Singapore Ministry of Health, only those who chew in places of food consumption are to be prosecuted.⁶

Closer to home, headlines such as 'Unhealthy British Lifestyle is Killing the Sick Man of Europe' appeared in 1991, as a background to the Government's report *The Health of the Nation*, according to which 85 per cent of cancer deaths were 'preventable', and deaths from cardiovascular disease should be cut by 30 per cent by the year 2000. To achieve this objective, radical changes in people's lifestyle were advocated. One of the justifications for governmental intervention in people's lives is that it is in their own interest, though they may not realise this as they are foolish, stupid or irresponsible. This argument is difficult to refute if those who have power to coerce others to change their ways also have a monopoly of defining what is foolish, stupid or irresponsible.

Daniel Wikler, in a comprehensive analysis of the ethics of governmental measures to reform the lifestyle of their

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citizens, quoted Craig Clairborne, food editor of *The New York Times*, who defended eloquently his right to be foolish:

I love hamburgers and chili con carne and hot dogs. And *foie gras* and Sauternes and those small birds known as ortolans. I love banquettes of quail eggs with hollandaise sauce, and clambakes with lobsters and crepes filled with cream. And if I am abbreviating my stay on this earth for an hour or so, I say only that I have no desire to be a Methuselah, a hundred or more years old and still alive, grace be to something that plugs into an electric outlet.⁷

Clairborne may be 'foolish', but he is not stupid or without understanding of what he wants. His prose, moreover, is superior to that of many health-promotion leaflets. This makes people like Clairborne dangerous.

Health education should provide useful, factual information to enhance rational decision-making, that is, reasoned choice. One of the possible outcomes of such a decision is to ignore the health warning and to accept the risk. Health promotionists would see such an outcome as the failure of their efforts and would describe such a choice as 'irrational'. The resulting frustration of health educationists leads to the advocacy of more 'efficient' methods, that is various forms of coercion by means of legislation, moral pressure and the use of sophisticated, manipulative techniques developed by the advertising industry. As Wikler pointed out,

Health education may call for actual or deliberate misinformation: directives may imply or even state that the scientific evidence in favour of a given health practice is unequivocal even when it is not.

Rather than facilitating rational choices, such an approach makes people even more dependent on the opinion of 'experts'.

Since much 'health education' centres on activities loosely classifiable as immoral, the question arises whether the main purpose of such education is the improvement of health. For example, one health educationist warned against 'sloth, gluttony, alcoholic intemperance, reckless driving, sexual frenzy and smoking'.⁸ There are other activities which may endanger one's health, various sports for example, but because they are considered morally impeccable, no health warnings are attached to hang-gliding equipment, fast cars, mountaineers' crampons or joggers' outfits. Similarly, from the economic point of view, the fairness principle does not apply, which, as Wikler pointed out, would require penalising non-smokers who by their extended living consume an unfair share of social security and pension payments.

Some ethicists have tried to defend the paternalistic role of the State by arguing that only sensible measures are being adopted and that there is no danger that the State will turn into Big Brother. Dan Beauchamp, for example, wrote in 1988 that nothing would happen beyond 'limits on alcohol and tobacco through increased taxes and control on availability, handgun control, helmets for motorcyclists, and seat belts and air bags for cars'. Beauchamp dismissed the precedent of Prohibition as not really paternalistic, but rather 'an episode on moralism'.⁹ This is a specious distinction since paternalism untainted with moralism is an abstract entity with no real counterpart; lifestyleism is moralistic paternalism *par excellence*. Not surprisingly the theorists and advocates of paternalism such as Beauchamp criticise those who defend autonomy, such as John Stuart Mill or Ronald Dworkin, as looking for a mythical ideal, which 'badly needs deflating'.

Medical paternalism may also operate by proxy, as when doctors advise the government on the enforcement of 'health-promoting' measures. Mike Oppenheim objected to the imposed role of doctors to provide 'health maintenance' for the public, because doctors are powerless to coerce people into health.¹⁰ Instead, he suggested, this role should be

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adopted by the government who 'would provide the coercion that is essential if everyone is to benefit'. Such a programme could be administered by nurses and trained laymen. An example of useful coercion, given by Oppenheim, was to make the granting of a driving licence conditional on proof that the applicant had submitted to specified health screening tests.

Another ethicist, Daniel Callahan, in an editorial in *The New England Journal of Medicine*, thought that we should resist but 'not totally oppose the use of the coercive power of the state to force us to behave in a healthful way'. He suggested that education should be tried first, but if that failed, 'stronger steps may be then taken'.¹¹ The line between concern for the well-being of individuals and coercion to behave 'in a healthful way' is so fuzzy as to be indiscernible.

Some doctors have suggested 'penalty rating' scales for insurance companies so that those whose lifestyle is unhealthy, because they overeat, do not exercise, or drink alcohol are made to pay higher premiums. Stokes thought that such a system would 'encourage people to take more responsibility for their health' and to avoid the accusation of meddling in patients' private lives, those who refused to undergo an assessment of their lifestyle profile should have their premiums set at the same level as those found to be at maximum risk.¹²

While Beauchamp believed that compulsory helmets for motorcyclists was the limit of coercion, in the same year, *The Lancet* asked 'When are cyclists going to wear helmets?'¹³ Such legislation had already been passed in Australia. Yet, the evidence that cycle helmets prevent serious head injuries is questionable. Mark McCarthy, a director of public health in London, maintained that helmets did not improve safety but only placed the responsibility for injury protection on the victim.¹⁴ If policy makers really believed that helmets prevented head injury, he added, then all pedestrians and car users should wear them, since many more head injuries

occur in these two groups than among cyclists.¹⁵ In New South Wales, the law requires that all domestic swimming pools are fenced – to prevent toddlers falling in. There is no end to legislation in the name of preventive medicine by which the state increases its powers of surveillance, control and punishment.

To do good may be well-meant, but as the term ‘do-gooder’ implies, the intention may be negated by results, or the end may not be justified by the means. Even inflicting punishment may be interpreted as ‘good’, and feel good, if some higher purpose is served, such as the benefit of society or the long-term benefit of the punished. The characteristic feature of paternalists, or to use a different word, authoritarians, is their conviction that they possess more wisdom and better morality than their charges. Since they understand better than anyone else what is right, good, or healthy, they feel compelled to share their superior knowledge with the less privileged. When the latter are not receptive to such guidance, either because they are too short-sighted or simply recalcitrant, some form of *Diktat* is in order. As William Carlyon put it,

Historically, humans have been at greatest risk while being improved in the best image of their possibilities, as seen by someone else.¹⁶

The intellectual input which goes into the theories and methods for the improvement of the life of the masses has been provided by professional classes, which include doctors, priests, judges, philosophers, educators, or sociologists. The scale of suffering brought upon the masses by Marxists is equalled only by the achievements of that other mass movement for the betterment of the nation’s economy and health, led by the National Socialist German Workers’ Party of the Third Reich. In both systems, ‘health’ was high on the agenda.

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3 The doctor as agent of the state

Sir Theodore Fox, a former editor of *The Lancet*, and the father of the present editor, once wrote that

The physician is not the servant of science, or of his race, or even of life. He is the individual servant of his individual patient, basing his decisions always on their individual interest.¹⁷

However, doctors in the public health service, in government employment, or those employed by insurance companies or by industry, have, by the nature of their contract, different loyalties. Furthermore, even a private physician may be coerced by sanctions or law to divulge confidential information obtained during private consultations, or prevented from providing humane medical care for patients who choose to use unprescribed drugs. It is a common phenomenon that hospital patients are used in research projects, the main purpose of which is not the benefit of the patients but the advancement of the doctor's career.

In 1971, the American sociologist Irving Zola described medicine as a major institution of social control. As social control is of great importance to the state, the state is keen to establish an amicable relationship with the medical profession and use their expertise for economic and political aims. The record of the co-operation of the medical profession with the most brutal regimes throughout recent history is appalling. The power vested in doctors is enormous: they make decisions about employability, fitness to marry and to have children, the right to have an abortion, the time a person is allowed to die, competence to enter into contracts, adopt children or rear one's own children, or about incarceration in mental asylums. Their authoritarian judgement is sought on correct eating, sexual behaviour and the use of leisure time. This is what Illich called the medicalisation of life. Since all this surveillance and control is expressed not in terms of

power but in the language of ‘science’, it is implied that medical decisions are politically neutral and scientifically objective. This makes their use by the state dangerous, as their real nature is concealed.

For public health doctors, social engineering is an openly proclaimed objective. Thus, for example, in a programmatic article on ‘behaviour modification in preventive medicine’, Pomerleau *et al* wrote:

Though the traditional health-education approach of indoctrination and exhortation will continue to play an important part in societal behaviour change, additional techniques based on objective, systematic experimentation are needed. We propose that the scientific analysis of behaviour and its application – popularly known as behaviour modification – may provide the necessary theoretical and empirical basis for effective life-style modification.¹⁸

Note the use of ‘objective’ and ‘scientific’ – key words which obscure the political nature of this social engineering. The authors then discuss various strategies for behavioral ‘modification’ in overeating, smoking, and alcoholism, based on conditioning: ‘The field represents an extension of basic research of animal learning by I P Pavlov and B F Skinner to problems in human behaviour’. In other words, what Pavlov learnt on dogs and Skinner on pigeons may be applied to the ‘maladaptive health patterns’ of citizens, under the supervision of behavioral ‘scientists’ employed by the state.

In Stalinist Russia, writers were known as the ‘engineers of human souls’, because by their texts written in the idiom of so-called socialist realism, they were brainwashing minds for the acceptance of an alternative reality. The West found this a blatant example of communist zombification and an insult to human freedom and dignity. Yet the West is now adopting ‘behavioural modification’, proposed by engineers

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of human bodies, without any demur from the 'liberal' medical profession. It is a typical feature of totalitarian ideologies that they emboss the chains with words such as 'freedom', 'equality', 'justice', or 'health for all', and the multitudes applaud and queue to be manacled.

The ideal of the doctor as an agent of the state was first spelled out in detail by Plato in his *Republic*. This prince of philosophers and theorist of the authoritarian state entrusted the medical profession with the maintenance of a clean racial stock. The doctors

will treat those of your citizens whose physical and psychological constitution is good: as for the others, they will leave the unhealthy to die and those whose psychological constitution is incurably warped they will put to death. This seems to be the best thing both for the individuals and for society.

As to breeding, 'only the offspring of the better unions will be kept'.

The Platonic ideal of a healthy nation could not be implemented before the appearance of centralised health organisations during the late capitalist period. Thus for example, one of the first signs of an official shift towards state medicine in the USA was an editorial in the *Journal of the American Medical Association*, in 1893. The writer thought that the time had come to move on from the traditional role of the physician as a servant of his patient to the role of an 'officer of the state'.

The service rendered by the physician is a personal service, like that of a barber, or manicure, or valet. When the recipient pays for this service, he is apt to look on his physician as differing only in degree from his other employees. This is entirely changed in the new system. Here we become officers of the State, charged with the

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important duty of preserving the health of the members, and incited to prosecute the development of the science of life, which in fact raises the dignity of our profession to as high a plane as man's intellectual and benevolent nature can carry him . . .¹⁹

The seed planted 100 years ago has grown into stifling ivy. Blueprints for the health of the nation, the health of Europe and the health of the world have been drafted, approved, and are being implemented. Computerised information of lifestyle profiles is systematically collected, classified and stored. Healthy people are invited for annual 'check-ups'. Screening is now *de rigueur*. And eugenic control is around the corner. It has taken two and half millennia to turn Plato's utopia into reality.

The ultimate perversion of medicine's noble calling is the participation of doctors in executions. In the 'civilised' world, the worst record is provided by the United States. Many American physicians believe that giving a helping hand to the executioner is not only ethical but a civic duty.²⁰ The American Medical Association does not oppose capital punishment.²¹ According to the 1992 Amnesty International report, only three countries executed more people than the USA: China, Iran and the former Soviet Union. The USA voted against an accord on the death penalty as a violation of human rights when the motion was before the UN General Assembly in December 1989.²²

The participation of doctors in state killing takes on various forms. Psychiatrists may certify a person as 'competent to be executed', or may provide 'treatment' to restore the prisoner's competence to be put down.²³ Prison doctors give the condemned person a 'pre-execution physical' to establish that he (or occasionally she) is 'fit' for execution, and then inject the 'patient' to 'relax'.²⁴ When Margie Barfield was executed by injection in Raleigh, North Carolina in 1984 (the first woman executed in the USA for 22 years), an unsuccessful

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attempt was made to utilise her organs for transplantation.²⁵ Execution by injecting a lethal dose of drugs, ‘until death is pronounced by a licensed physician’, was legalised first in Oklahoma and in Texas in 1977, and other US states soon followed with similar legislation, in part hoping that ‘the new method will encourage more juries to vote for the death penalty’,²⁶ as the gas chamber or the electric chair were seen by some juries as too barbarous. In 1990, three medical residents from the University of Illinois helped to execute Charles Walker who was sentenced to die by an injection of drugs. It is ironical that a country obsessed with the war on drugs, uses drugs as the ultimate punishment. In some cases doctors monitor the progress of execution and advise the executioners’ party on whether additional ‘medication’ or electric shocks are needed.²⁷

4 Totalitarian medicine

The path to enforced happiness for all was paved with the doctrinal stones of the French *philosophes*. J L Talmon traced the origins of totalitarian democracy to Jean Jacques Rousseau (‘one of the most ill-adjusted and egocentric natures’) and his ideological followers, who included Robespierre, Saint-Just and Babeuf.²⁸ Religious utopias were replaced by a secular religion based on Reason and Science. In the new natural order, happiness would be shared by all, even if some would have to learn to ‘bear with docility the yoke of public happiness’.

The shackles of illness and vice would be thrown aside, and the only task left to doctors would be to prevent people from falling ill. Diseases would disappear as society would be restored to its natural order. Michel Foucault, in *The Birth of the Clinic*, quoted French revolutionary dreamers who imagined how in a ceaselessly supervised environment, citizens properly instructed in simple dietary regimens and imbued with a Spartan sense of duty, would remain healthy and happy until natural death at an advanced age. Dictator-

ship was, however, a first necessary step towards ultimate liberation. The first public health government department was established in the year of the Revolution, 1789. Its head was Dr Guillotin.²⁹ It is a paradox that the Age of Enlightenment, which destroyed the false certainties of religious dogmas and freed man from superstition, forged, at the same time, new chains for the enslavement of man, by regarding him as a machine, governed by materialistic and deterministic laws.

In the 19th century, the messianic streak of public health was heard of no more, having been replaced by medical policing, which took on tasks such as the compulsory examination of prostitutes. The concept of a medical police was developed in Germany in the 17th and 18th centuries, as part of mercantilist politics, aimed at securing greater power and wealth for the monarch and the state.³⁰ Several German medical journals at the end of the 18th century had in their titles ‘*Gesundheits-Polizei*’ (health police). At the beginning of the 19th century, commonly used terms were *Staatsarzneikunde* (state medicine), *Staatsarzneiwissenschaft* (state medical science), or *Gesundheit des Staates* (the health of the nation). Rudolf Virchow, the founder of cell pathology, compared the human body to the state, and the cells to the citizens. Politics was for him medicine on a larger scale. The health of the ‘social organism’ was to be maintained by doctors, acting on behalf of the state in the interest of society and future generations. Weindling showed how these ideas had formed the foundation of Nazi health policy.³¹

Similar developments were taking place in Britain. Lord Rosebery, the future leader of the Liberal party, addressed an audience at Glasgow University in 1900 and stated that:

An Empire such as ours requires as its first condition an Imperial Race – a race vigorous and industrious and intrepid. Are we rearing such a race? . . . Remember that

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where you promote health and arrest disease, where you convert an unhealthy citizen into a healthy one . . . you in doing your duty are also working for the Empire. Health of mind and body exalt a nation in the competition of the universe. The survival of the fittest is an absolute truth in the conditions of the modern world.³²

Food reformers, such as the national tennis champion, Eustace Miles, in his 1902 book, *Avenues to Health*, advocated the establishment of a national diet, which would increase the vitality and the moral strength of the nation. Health was a duty:

to ourselves, to our own nation, to all nations, and to posterity. It is, in a word, our duty to God.³³

This combination of social Darwinism, moralism, and lifestyle is strikingly similar to the modern ideology of healthism. Governments today are prescribing 'national diets' with renewed enthusiasm. Nations have become patients. To be healthy is a citizen's duty. Who now remembers what Henri de Mondeville wrote in 1320 in his *Chirurgie*:

Anyone who believes that anything can be suited to everyone is a great fool, because medicine is practised not on mankind in general, but on every individual in particular.³⁴

The culmination of 'social hygiene' in the service of the state was reached in the Third Reich. *Gesundheit ist Pflicht* (health is duty) was the dominant slogan. Emphasis was on prevention rather than on individual health care. The doctor was the agent of the state. Health was normality, disease was either the result of an unhealthy lifestyle or a sign of hereditary degeneration. The glorification of health (which was equated with beauty) and the inculcation of the sick received whole-hearted support from the medical profession. Only in

the last decade has it become possible in Germany to examine objectively the ideology of public health in Nazi Germany, and many excellent German language analyses are now available.

The medical correspondent of the *Journal of the American Medical Association* reported on these developments in 1938–1939, but his reports elicited no critical comment in the USA. The main duty of German doctors was to preserve the nation's health and racial purity. Professional secrecy was no longer a binding precept, as the public good had to take precedence over individual interest. The misuse of tobacco and alcohol were the greatest threats to the national health, for which the liberalism of the pre-Nazi era was blamed. The criteria of a useful life were in men, the ability to fight for the fatherland, and in women, to bear healthy, racially pure children.³⁵ Josef Goebbels declared coffee drinking an unpatriotic act. Tobacco manufacturers were prohibited from advertising their products by appealing to women, sportsmen, or car-drivers.³⁶ Even the leisure time of workers needed state supervision, in a system called *Freizeitgestaltung* (organisation of free-time). Bertrand Russell, in a prescient essay, *Scylla and Charybdis*, written in the 1930s, warned against the 'manipulator's fallacy', based on the belief that societies are inanimate machines which can be manipulated towards preconceived uses and functions.

Communist medicine was first outlined in *Voyage en Icarie* by Etienne Cabet (1788–1856), a French revolutionary and a follower of Babeuf. Hausheer has provided an excellent and exhaustive analysis of Cabet's thoughts on medicine in communism.³⁷ In Icaria, the ideal communist state, the doctor did not have to depend on private practice as he was a salaried member of the community and medical service was free for all. The title of 'doctor' was abolished as a remnant of the artificial hierarchy of the past, and new medical graduates were called 'national physicians' or 'national surgeons'. All dead bodies had to be dissected for the advancement of

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science. A healthy lifestyle was the key to the health of the nation. Intemperate drinking and eating, lack of exercise, sexual overindulgence or tobacco smoking (about which Cabet had particularly strong feelings) were not tolerated. The goal of medical science was to prevent diseases from occurring. Only those individuals who had desirable mental and physical qualities were allowed to have children. None of this required imposition from above, as it was supported by a national democratic consensus.

Anyone who has lived in a communist country would find this premonition uncanny. The results of decades of health promotion in communist countries should be carefully studied and evaluated by those who intend to introduce similar principles in Western democracies. What benefits, for example, have been observed in state-organised, compulsory cervical cancer screening programmes in communist countries?

When a delegation of prominent British physicians visited Russia in 1960, they were impressed by the Soviet emphasis on health promotion.

The Russian method seems to be paying dividends. While many middle-aged men and women appear drab and weary, the children and young people seem to be healthy, happy, and friendly. 'Forestall illness' is the national motto. 'Adopt healthy living habits', urges the State. A State which helps by restricting vodka sales and raising the price. There is great emphasis on physical exercise.³⁸

These doctors were as naive as their American counterparts who accompanied President Nixon on his visit to Maoist China and who marvelled at operations carried out under acupuncture 'anaesthesia'.

The common denominator of fascist, communist, or even socialist political systems is, according to Ludwig von Mises, the assignment 'to the state [of] the task of guiding the citi-

zens and of holding them in tutelage. It aims at restricting the individual's freedom to act. It seeks to mould his destiny and to vest all initiative in the government alone'. Von Mises makes the point that the difference between communism and fascism on the one hand, and socialism on the other is only in the means by which to achieve identical ends.³⁹ This permanent tutelage, which von Mises called *etatism*, and British commentators call the nanny state, exists, as yet, in Western democracies only in a diluted version because of various constitutional, philosophical, moral and political obstacles. Attempts in the area of public health to control private lives are occasionally described by journalists as 'health fascism'. This term is unduly strong, though it conveys the sense of danger. A more appropriate description would be 'health fascism with a human face', or 'friendly health fascism'. It is 'friendly' because it is presented with paternalistic concern and it has more in common with the utopian optimism of Huxley's *Brave New World* than with the brutal vision of Orwell's *Nineteen Eighty-Four*. However, in its 'friendliness' lies its main danger, as a growing tendency towards dictatorial health may go unnoticed and unchallenged.

The Western 'nanny states', being neither Communist nor Fascist, base their public health ideologies on a mixture of inputs from Left and Right. As Talmon showed, the Left starts from the premise that man is perfectible, as Rousseau believed, and by changing the unhealthy environment, created by an unfettered capitalism, man can be made healthy and happy, even though at times some degree of coercion might become necessary. Those on the left would argue that trying to change people's lifestyles, without changing the social and commercial pressures which force people to live unhealthy lives, is doomed to failure and results only in victim-blaming. For example, the poor are known to suffer more from diseases and have shorter life-expectancy, but should this be blamed on their lifestyle or on the political conditions which are the causes of poverty? Because this kind of analysis

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appears to be 'well-meaning' in its social concern, it hides its political motive. By linking poverty with disease (which is not unreasonable on its own), Marxists promise that in a classless society the health of the poor will improve. This has not been the experience of the working class in communist countries. Furthermore, the Left, in their various health manifestos, propose increased powers to prescribe healthy activities and proscribe unhealthy activities.

The Right, on the other hand, is more concerned about the 'nation' than about the individual. To maintain the nation in a high state of readiness to defend the supremacy of the race, people should be responsible for their own health. More often, the argument is presented in health-economic terms. To look after the sick is expensive. Patients 'should be made to pay', particularly when most diseases are now said to be 'caused' by unhealthy lifestyles. Typical political statements are contained in Department of Health documents which see health as a matter over which the individual has control and responsibility. It makes little difference to the citizen whether statements such as the list of *national* targets for physical activity in England, issued by the Faculty of Public Health Medicine in February 1993, emanate from the Left or the Right, as in either case the citizen is threatened by the tyranny of the majority, if he chooses not to fulfil his quota of exercise.

Any prescriptive system to make man free, or healthy, ends by enslaving him, or by taking health away from him. This is what Illich meant by the medicalisation of life. What could be more ominous than the following statement by L W Sullivan:

Only with leadership, support and assistance from America's health professionals can we reach important goals that will improve the health of our citizens and ensure the viability of our nation.⁴⁰

Health correctness is only one facet of political correctness, described in a *Sunday Times* editorial as malevolent intolerance, 'in every bit as invidious as the activities of the Nazi party in Germany during its rise to power'.⁴¹ Similarly, Paul Johnson saw in the new political correctness 'the most dangerous form of liberal fascism', growing from the American puritanical and fanatical streak.⁴² *The Economist*, in a leader in 1990, commented on the conformist tyranny which is engulfing America: 'correct ways of thinking about such things as smoking or affirmative action . . . add up to a culture of conformity'.⁴³

Conformism is a sign of creeping totalitarianism. Those who conform,

whether out of greed, cowardice, stupidity or genuine enthusiasm . . . almost invariably develop intense feelings of hostility towards those who continue to stand aside, sceptically appraising the new power.⁴⁴

Any deviation from the norm, average or 'normal' marks a person out as politically disloyal, irresponsible and dangerous. What threatens the 'viability of the nation' is not free-acting individuals but enforced conformism which spells the doom of such a society. Fascism and communism are historical forms of totalitarianism which are unlikely to re-emerge in the same form in Western democracies, and even less so under the same name. The brave new world of the year 2000 is being heralded in the name of medical science, genetics, and the promise of longevity.

5 Pregnancy police

Women's sexual organs have always been the object of men's inquisitive gaze. 19th century medical literature was preoccupied with examining, probing, cutting, excising and mutilating female genitalia. The womb, traditionally described as a

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wild animal, could attack any part of the woman's body, and, unless tamed, cause serious disorders. The main function of a woman's body was to produce bouncing offspring for her impregnator, and thus women's reproduction had to be under the control of a male-dominated profession. In our 'liberal' age it may come as a surprise that women are still treated as breeding machines, or containers for foetuses. Most examples are provided, as can be expected, from the USA.

According to the *Christian Science Monitor*, 'at least 50 women have been charged with crimes for their behaviour during pregnancy'.⁴⁵ The criminalisation of motherhood was discussed by Ernest Drucker, professor of epidemiology and social medicine at Montefiore Medical Center in the Bronx, where about a quarter of all women who give birth use drugs, such as cocaine.⁴⁶ About half of the newborn babies who test positive for drugs are removed from their mothers and placed in foster care. Drucker illustrated this practice in a case of a poor Puerto-Rican woman, whose baby was taken away from her after birth. When she returned to the hospital and took her baby away with her, her action was described as 'kidnap'. Kidnapping one's own baby is a new crime. Drucker commented that perhaps she was a bad patient but she was a good mother.

George Annas, a professor of medicine and law, analysed the first American case in which a woman was charged with the crime of 'foetal neglect'.⁴⁷ She did not adhere to her doctor's orders, which included staying off her feet, avoiding sexual intercourse and not taking amphetamines. She had a complication of pregnancy known as placenta praevia and the baby died shortly after birth. Annas asked:

Does it make any sense to decree that the pregnant woman must, in effect, live for her foetus? . . . That she commits a crime if she does not eat only healthy foods; smokes cigarettes or drinks alcohol; takes drugs (legal or illegal); has intercourse with her husband? . . . Favouring the foetus radically devalues the pregnant woman, and treats

her like an inert incubator, or as a culture medium for the foetus. This view makes women unequal citizens.

Women have always been unequal citizens, at least in medical eyes, but this has been obscured by the rhetoric of equality. Women have been barred from employment that was considered harmful to a foetus, even if they were not pregnant. In 1978, American Cyanamid banned all women of childbearing age (defined as 16 to 50) from their plant in West Virginia, unless they could prove that they had been sterilised. Free sterilisation was offered and five women accepted it rather than being dismissed.⁴⁸

In 1990, when the Surgeon-General's warning to pregnant women appeared by law on all alcoholic beverages in the USA, pregnant women were refused drink in restaurants by vigilant staff concerned that they might give birth to a malformed baby. Pregnancy police spy on the drinking habits of pregnant women. A Wyoming woman was jailed for 'pre-natal abuse' because the nursing staff detected alcohol on her breath. A Nevada woman who drank some beer the day before she went into labour lost custody of her child.⁴⁹

In several US states, obstetric interventions can be made compulsory by court order. The *New England Journal of Medicine* reported 21 such cases in women who were, as a rule, single, poor, and coloured;

Acceptance of forced caesarean sections, hospital detentions, and intra-uterine transfusions may trigger demands for court-ordered pre-natal screening, foetal surgery, and restrictions on the diet, work, athletic activity and sexual activity of pregnant women.⁵⁰

All this apparent concern about the welfare of the foetus, when a woman is, metaphorically or not, tied to an operating table against her will, is unlikely to improve obstetric care, as those who may most need such care would rather deliver

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their babies in toilets or under a hedge. A 28-year-old American woman, dying of terminal cancer, was 26 weeks pregnant. She wanted to die with her child. Her wishes were over-ruled by a court which ordered a caesarian section. An obstetrician performed the operation: both the mother and the child died.⁵¹

In 1981, a Mrs Jefferson, in Georgia, USA, was in her last month of pregnancy when her doctor diagnosed a placenta praevia and ordered a caesarian section. The woman did not consent, so she was brought to court, where her doctor claimed that there was a 99 per cent probability that the child would die and a 50 per cent probability that the mother would die, if a caesarian section was not performed. She won an appeal to the Georgia Supreme Court and, shortly afterwards, delivered a healthy baby without surgical intervention.⁵²

In Australia, the New South Wales Supreme Court awarded A\$2.8 million to a young woman with cerebral palsy who sued her mother for having smoked, drunk alcohol and driven carelessly while pregnant.⁵³ While some women may be forced to keep their pregnancy against their will others may be prevented from becoming pregnant. In 1992, a Californian judge ordered a woman convicted of 'child abuse' to have a long-term contraceptive implanted under her skin, or, alternatively, to go to prison. Punitive use of contraception is a growing judicial trend in the USA.⁵⁴

It usually takes some 15–20 years before American fashions in public health are adopted in Britain. According to *The Lancet's* legal correspondent, Diana Brahams, in British law, the interests and wishes of the mother must prevail.⁵⁵ Yet a High Court in London, in October 1992, ordered an emergency caesarean section on a 30-year-old woman, who refused the operation on religious grounds. The 'life-saving' operation ended in the death of the child.⁵⁶ In 1992, in Erlangen, Germany, an 18-year-old woman was killed in a car accident and since she was carrying a four-month-old

foetus it was decided to keep the brain-dead woman on a life-support machine until the baby could be delivered. The foetus was stillborn.⁵⁷

Police powers may even extend to forcing women to undergo a gynaecological examination if there is a suspicion that they have had an illegal abortion abroad. According to a study carried out in 1991 by the Max Planck Institute for Foreign and International Law in Freiburg, there were about ten such cases a year, especially in women returning to Germany from the Netherlands.⁵⁸

6 Lifestyle surveillance

Examination and diagnosis are central to the medical *métier*. *Examen* means ‘tongue of a balance’, and consequently, the scrutiny of deviation from the mean. Michel Foucault in *Surveiller et punir*⁵⁹ held ‘examination’ to be the essential means of control, as examination combines the techniques of observing and passing normalising judgement. Subjects under the control of authority are turned into objects to be classified, measured, screened and separated into ‘normals’ and ‘abnormals’, or ‘deviants’. As early as 1963, Erwin Goffman noted that:

Only one completely unblushing male in America is a young, married, white, urban, northern, heterosexual Protestant father of college education, fully employed, of good complexion, weight and height and a recent record of sports.⁶⁰

Nelkin and Tancredi surveyed the use of biological tests in the USA for defining and shaping individual choices in ways that conform to institutional values.⁶¹ Medical screening of healthy humans is the latest addition to collecting information on private citizens. Testimony before a US Senate subcommittee on ‘dossier dictatorship’ revealed that the average American citizen already had 10–20 dossiers about him in

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government or private agency computers. This was in 1970. It is likely that by now things have got worse. Those accepted as normal were described by H L Mencken as ‘the endless herd of undistinguished and almost undifferentiated men, the zeroes and blank cartridges of the race – the end products of conformity’.

It is the apparent benevolence of the purposes of health screening – to prevent disease and to prolong life – which makes it particularly dangerous, as its more sinister aspects go unnoticed. There is no evidence to show that mass health screening of healthy people decreases their risk of adverse outcomes, though there is now extensive evidence that abnormal (‘positive’) tests have resulted in discrimination, eg, in employment, medical care, medical insurance, or have led to social stigmatisation. As Deborah Stone perceptively noted, much health screening does not detect early stages of disease, but the presence of ‘risk factors’, that is behavioral or biochemical components, the presence of which is related to the probability of contracting some disease in the future.

Epidemiologists, physicians, and other policy makers often treat an estimate of the likelihood of something happening to an individual as an important fact about him.⁶²

Even though the majority of such people may not suffer the expected consequences of ‘having’ a particular ‘risk factor’, once the risk factor has been identified, it is then reified into something real – part of the person’s constitution.

This new statistical or actuarial concept of risk only became part of health promotion rhetoric in the 1970s. In 1975, L White warned that ‘lifestyle has become the prime health hazard’⁶³ and in 1979, the Surgeon-General’s report on health promotion and disease prevention, entitled *Healthy People*, attributed ‘perhaps as much as half of US mortality . . . to unhealthy behaviour or lifestyle’.⁶⁴ The quantification of this hazard gave rise to the concept of risk factors. This develop-

ment is in line with the neopuritanical tendency towards normalisation. The search for risk factors on a mass scale divides the population into the normal, responsible group, and those who are misfits, irresponsible people who drain the state's resources and who threaten the 'viability of the nation'. Technically speaking, risk factors have nothing to do with causes of diseases, and their introduction was an example of statistical trickery to provide an 'explanation' for causative mechanisms, which, in fact, are not known. For example, homosexuality is a risk factor for AIDS. Yet, clearly, it is not homosexuality which *causes* the disease, and even if all homosexuals were exterminated, it would not eradicate the disease. The possession of a driving licence is a risk factor for car accidents. The ability to swim is a risk factor for drowning. Being Japanese was a risk factor for dying by harakiri. In general, the study of risk factors and their detection in individuals does not bring us nearer to an understanding of causal mechanisms. More often than not, risk factors obscure rather than illuminate the path towards a proper understanding of cause. Hagen Kühn pointed out that prevention based on risk-factor epidemiology is governed by the kind of logic by which room temperature may be lowered by placing the room thermometer into a bucket of ice.⁶⁵

The information which accrues from risk-factor screening is hardly ever of any benefit to the person screened, but is of advantage to screeners. In communist countries, regular health checks were often made compulsory, and this is now spreading to Western democracies. For example, Maryland's governor, W D Schaefer, proposed that all welfare recipients should be forced to undergo compulsory examinations at regular intervals in order to qualify for financial help.⁶⁶ Misuse of screening at the workplace and by insurance companies is discussed below.

The obverse side of the screening coin is victim-blaming. If a person has a heart attack, and his cholesterol had been found to be 'high' on previous screening, the disease or death

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can be interpreted as 'self-induced' if the person had not modified his diet as ordered. A R Moore , an Australian surgeon, discussed this problem in the *Journal of Medical Ethics* and concluded that as 'most of modern sickness is self-induced', patients should be penalised according to a 'culpability calculation'. Refusal of treatment appeared to Dr Moore as not generally acceptable, but 'economic fines' would encourage compliance with advice.⁶⁷ I could not discern any Swiftian irony in Moore's proposal.

Allegrente and Sloan provided a psychological explanation for modern victim blaming:

We tend to perceive the world as a just place in which people get what they deserve and deserve what they get. This applies not only to those people who are the beneficiaries of positive events, but also to those who are victimized by misfortune . . . in this way, at least psychologically, we are protected against the possibility that we will suffer the same illness.⁶⁸

As Leichter observes, the current policy debate on AIDS is comfortably accommodated into this world view.⁶⁹

Refusal to treat stigmatised persons, however, is now widely supported by the medical profession. For example, in a Melbourne hospital, a medical advisory body recommended that HIV-positive patients should be turned away.⁷⁰ And in 1993, the National Council of the Irish Hospital Consultants Association decided that consultants should have the right to refuse to treat patients with AIDS or those 'at significant risk of AIDS'. The latter category included drug users, homosexuals and 'people who had either had heterosexual or homosexual relationships while living in certain parts of the world'.⁷¹ According to a survey of Irish general practitioners, 22 per cent of older GPs (over the age of 40) thought it reasonable to refuse to treat HIV-positive patients, while 38 per cent of them would test patients for HIV without con-

sent.⁷² Similar discrimination is applied to smokers. An early precedent is found in H L Mencken's *American Mercury*:

Medical news from the Pope of the Mormons, as reported by the Salt Lake *Telegram*: President Grant said he believes there are many first-class physicians who will not attend maternity cases if the mother is known to be a smoker, because the mortality rate is too great for the doctor to risk his reputation.⁷³

Samuel Butler satirised victim-blaming in *Erewhon*, more than 100 years ago. In the Erewhonian world illnesses were considered at the same time criminal and immoral. There was a gradation of guilt and of punishment, depending on the seriousness of the disease. While becoming blind or deaf at the age of 65 was dealt with by summary fine, serious disease in a younger person earned a stiff prison sentence. People with chronic diseases, eg, chronic bronchitis, were treated as recidivists and charged with 'aggravated bronchitis'. On the other hand, arsonists or cheque forgers were sent to hospital and treated at public expense.

Today something similar is happening. People who become ill because of their 'unhealthy lifestyle' are punished, long before they develop *any* disease, while criminals are studied for the presence of 'criminal' genes and possible treatment in psychiatric hospitals. It is not uncommon to see paedophiles labelled as diseased and getting more medical attention than their victims.

Even the Vatican is catching up with the fashion of manufacturing blame. According to a Reuter report from Vatican City 'The Vatican yesterday said that the permissive society had to share the blame for child sex abuse by Roman Catholic priests'.⁷⁴ Is bugging altar boys really such a modern offence? A perusal of medieval penitentiaries would help to disabuse anyone of such a naive notion.

'It is seldom that liberty of any kind is lost all at once',

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wrote David Hume. When state power encroaches on people's liberties in the name of 'health', many do not even see the threat, since in common parlance 'health' is not associated with enslavement. That makes the strategy of power through health most effective. Liberties are lost or won, never presented on a silver platter. As the rules of the power game strongly favour authority against individuals, constant vigilance against renewed threats to freedom (often deceptively described as the enhancement of freedom) is required.

In the theocratic state, God was the highest authority, with absolute power vested by proxy in priests. Every act of disobedience ('sin') was recorded and punished. And what escaped the surveillance of the priests was recorded by the celestial police in the Book of Life, or so the believers were told:

The Judge Himself holds the book, in which every deed and desire, nay every word and thought of the dead has been written down. Without having touched a pen or held a book, without every having dictated a line or sealed a charter, every time he enters the church door, the faithful is reminded that, even with his most secret thought, he *writes* the text of his life, by which he will be judged on that ominous day.⁷⁵

In the iatrocatic state (to use Szasz's term), power is vested in the priests of the body and the priests of the mind. 'Health' is the supreme virtue and must be maintained at all costs. Every person, without realising it, writes his or her own dossier, where every deviation from the norm is recorded at regular screenings. Notes are taken on lifestyle, risk factors and genetic profile. The doctor, the employer, the insurance company and the police hold (or soon will hold) in their interlinked computers all the information required, according to which the person will be judged when applying for a job,

seeking medical care, applying for medical insurance, intending to travel abroad or wishing to procreate. With healthism as a state ideology, the blueprint for the iatrocronic state exists. It is being implemented by degrees. This book is intended as a warning. I hope it is not too late.

7 The Stakhanovite worker

Alexei Stakhanov was a Soviet legend. He was a coal-miner who broke all norms by digging 102 tons of coal in one shift. This was in 1935, during the worst excesses of the Stalinist terror. Stakhanov was hailed as a national hero and held up as a glorious example to all Soviet workers. He did not drink and did not smoke.

In a book published by the US Bureau of National Affairs, *Medical Screening of Workers*, an occupational physician, testifying before a congressional committee was quoted as saying that the obligation of company physicians was 'to provide industry with applicants who are as near perfect physical specimens as it is possible for us to find'.⁷⁶ The search for the perfect Stakhanovite worker, abandoned in communist countries, has now been adopted by employers in Western democracies. Both psychological and biological tests are used to test job applicants. By 1988, some two million lie-detector tests had been administered to job applicants, but Labour Department regulations subsequently restricted the practice.⁷⁷ The personality tests still given to job applicants in the USA were described by the psychologist R L Lowman as strikingly similar to a Boy Scout list of virtues. Some five million Americans a year take 'honesty tests'; those who do not pass them are turned away.⁷⁸

Many companies use on-the-spot checks for the presence of drugs in urine samples. The detection of nicotine metabolites in urine, even if the person does not smoke on the job, may preclude promotion or a permanent employment.⁷⁹ In 1987 more than five million job applicants or employees in the USA were asked to provide urine samples for drug

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testing. The medical director of DuPont stated in 1987 that drug testing 'has probably broken down the psychological barrier for genetic tests'.⁸⁰

In Britain employers are starting to imitate the American example. Thus for example, British Rail announced that from October 1993, 90,000 workers could be ordered to have a breath test for the presence of alcohol, even in jobs where safety was not an issue. A reading between 30 and 80 milligrams (the driving limit is 80 milligrams) would result in disciplinary action.⁸¹

On a minor scale, bureaucrats are given a free hand to exercise their power in persecuting smokers. On the university campus in Belfield, Dublin, heads of departments were circulated on October 28, 1991 with a memo issued by the college safety officer, who had seven degrees behind his name. The memo contained information that 25 persons had been caught smoking on the premises and had 'had their names and addresses taken. Fortunately, on this occasion, a caution was given to the offenders'. The memo was accompanied by a copy of a letter which had been sent to the offenders, written by a bureaucrat from the Environmental Health Officer's Service, which concluded with a warning, 'I have decided not to prosecute you on this occasion . . . but be assured, I shall do a series of spot checks at Belfield in the future, and any person I find smoking will be prosecuted without further warning'. Taxpayers provide remuneration and travelling expenses for these Nosey Parkers sneaking around the corridors of the University, sniffing out incriminating evidence. In Britain, the 67-year-old landlord of an award-winning pub received a final written warning from the local Environmental Health Officer to stop smoking his pipe when pulling pints or to face a £5,000 fine and/or three months in jail.⁸² As Bertrand Russell said, 'the virtuous people's love of power camouflages itself as love of doing good'.

Genetic screening of employees or job applicants is a logi-

cal extension and refinement of the 'medicals' which have been accepted without any question for a long time. Genetic screening had become so widespread in the USA, that in 1982 it was the subject of an official inquiry. The resulting report by the Office of Technology Assessment, revealed that a large number of major companies were planning to use it or had already done so. According to a report in *Science*, the advocates of genetic screening pointed out that the principle of pre-employment screening was not new.⁸³ Railroad companies used to X-ray job applicants to exclude those with 'back problems', and fair-skinned, freckled Irishmen were not employed by the tar and creosote industry, as it was believed that they were prone to develop skin cancer. However, the toxicologist Samuel Epstein described pre-employment genetic screening as a new form of blaming the victim and 'weeding out the susceptibles', as an alternative to cleaning up the toxic environment of the workplace.

There are no major obstacles in law to prevent genetic screening in industry. In 1938, in Baltimore, for example, workers were tested for syphilis (by a grossly unreliable test) and refused employment or sacked.⁸⁴ According to a spokesman for the US Ethics and Health Policy Counsel, genetic screening is analogous to testing for drug use or infections, and thus covered by existing laws.⁸⁵ Thus the possibility of creating a new class of 'genetic untouchables' is near.

A particularly apt analysis of the current attitudes to genetic screening in the USA is Elaine Draper's *Risky Business*.⁸⁶ The list of conditions with genetic predisposition, which may preclude employability is long and the development of genetic tests is a growth industry. Cancer, heart disease, dementia, mental disorders, and scores of others can now, it is alleged, be 'predicted' by such tests.

In the field of insurance, a gradual shift from 'community rating', when all participants in an insurance scheme pay the same rates, so that the financial burden is equally distributed,

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to a 'risk-rate' system, in which those deemed to be at higher risk pay more, has created a paradoxical situation in which those at highest risk and thus most in need of insurance are declared uninsurable. With the breakdown of traditional confidence and professional secrecy, it is relatively easy for insurance companies to obtain relevant information on potential clients. Alternatively, they may insist on 'disclosure' by the applicant of the results of previous tests. Some insurance companies even test their clients surreptitiously.⁸⁷ Ultimately, as the German geneticist, Beno Müller-Hill noted, one's genes may preclude employability or insurability because market forces would demand it: 'What the Nazis enforced through a plan from above could become true through a truly selective process from below, driven by the forces of the market'.⁸⁸ And he expressed concern that many scientists now accept as ethical the cost-benefit calculations by employers or the insurance industry, which justify their exclusionary practices. Many countries now insist that immigrants must prove that they are not HIV-positive before being allowed to enter the country. A scandal erupted in England a few years ago when Asian immigrants had to prove their virginity. In Germany, women returning from abroad were interrogated when under suspicion that they had obtained an abortion. Thus the concept of a medical 'check-up' when crossing borders is still alive.

The first compulsory mass medical screening was, in fact, carried out by immigration authorities. In 1891, at Ellis Island in New York harbour, under the cold gaze of the Statue of Liberty, steerage passengers were marched in single file past officials from the US Public Health Service, who marked with chalk any 'defective' alien for deportation. As Elizabeth Yew documented, men had their groins felt to 'detect syphilis', and vaginal smears were taken from women suspected of harbouring gonorrhoea.⁸⁹ As one inspector recalled, diagnoses were made rather casually,

Deep lines about the mouth seemed to go with hernia, drooping lids pointed to trachoma or something like it, a certain pallor called for a careful examination of the heart, and the glint of eyes suggested tuberculosis.

By 1919, deportation was extended to individuals professing ‘anomalous social doctrines’, and later to anarchists, communists, homosexuals, and HIV-positive persons. In the words of one immigrant, the experience of standing in the line at Ellis Island was ‘the nearest earthly likeness to the Final Day of Judgement’. It is easy to imagine that genetic tests, identifying individuals prone to violence, mental disease and other socially unacceptable characteristics, will, in the future be required before being allowed to cross the border.

8 Genetic tyranny

It is a human characteristic to seek blame for the misfortunes of the righteous, and an explanation for the luck of the libertine. Medicine, competing with theology, offers apparently scientific, and thus more credible, answers to the vagaries of human fate. The Calvinist fatalism of salvation through grace has been replaced by ‘genetic blueprints’; salvation through good works has been replaced by lifestylism. Timeless philosophical debates about free-will versus determinism and heredity have been taken over by lifestylism and genetics. The political manipulation of these two, mutually exclusive, positions allows preventionists to claim in one breath that people have control over their health and mental equilibrium by adopting a healthy lifestyle, and that the risk of most diseases can be detected by genetic screening. As with all half-truths, neither genetic nor environmental explanations are wholly wrong, yet, even when combined in various proportions, they still fail to ‘explain’ the human predicament, our fears and desires, loves and hates, egoism and self-sacrifice.

The idea that man’s fate is written in his genes was current

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long before genetics became a science. The term 'gene' was not used, because it had not yet been discovered, but that did not stop phrenologists from identifying a person's inborn characteristics by feeling the shape and bumps on his head. Towards the end of the 19th century the Lombrosian school of criminal anthropology read the criminal propensities in facial features and physical 'stigmata', such as wide eye orbits, prominent cheek bones, distended nostrils, abundant hair, brown and tanned skin, obliquity of the eyes, receding forehead, erect ears, etc. Others studied the shape of the brain and the configuration of its convolutions. In 1882 at the International Medical Congress in Vienna, Dr Benedict exhibited 50 brains of executed criminals on which he demonstrated typical features of criminality.⁹⁰ At a congress of criminal anthropologists in Paris, the discussion centred on the question of whether the criminal is a helpless victim to anatomical character and should therefore be exonerated from responsibility for his acts on the grounds of brain disease, and offered treatment in a hospital for mending morals, rather than being punished. Similar, though more sophisticated, debates still exist. However, a correspondent in the *Provincial Medical Journal* in 1889, dismissed criminal anthropology as a pseudoscience, just like phrenology, and quoted from King Lear:⁹¹

This is the excellent foppery of the world . . . as if we were villains by necessity . . . an admirable evasion of whore-master man, to lay his goatish disposition to the charge of a star. (I, ii)

We have moved from telescopes to microscopes, from stars to genes, but the same comforting message comes out – man is blameless, genes are his fate. The new neuro-Calvinists maintain that 'free will is merely a rationalisation, artifact or epiphenomenon of biochemical and genetic predestination'.⁹²

The idea of the eugenic breeding of the national human

stock has a long tradition in Britain. The very term *eugenics* was coined by the founder of the eugenic movement, Francis Galton, a polymath of supreme intelligence but morally, in the words of Peter Medawar, 'a spiritual fascist'. Karl Pearson, Galton's pupil and a biostatistician who founded the journal *Biometrika* and edited the *Annals of Eugenics*, illustrated the bizarre reasoning of the British eugenicists in his views on the Factory Acts. The Factory Acts were introduced in the mid-19th century to alleviate the gruesome conditions of child labour. In a lecture, delivered in 1909, Pearson thought that this legislation had had unwelcome consequences, since it had

. . . directly tended to enfeeble the race, in the first place by reducing the intensity of natural selection, and in the second place, by producing a population of lower average fitness. [Furthermore] the condition of the child as a pecuniary asset was not wholly a bad one; it must be kept in health because it ceased to have a pecuniary value when it broke down.⁹³

The Lombrosian school of criminal anthropology used criminal 'stigmata' as evidence for man's simian ancestry. In 1992, the Director of the National Institute of Mental Health, psychiatrist Frederick Goodwin, compared inner-city blacks to hyperaggressive, hypersexual monkeys and proposed launching a nationwide campaign to screen children for biochemical and genetic 'predisposition' to crime and violence.⁹⁴ As Lewontin drily observed,

What we have previously imagined to be messy moral, political and economic issues (such as alcoholism, unemployment, domestic and social violence, and drug addiction), turn out, after all, to be simply a matter of occasional nucleotide substitution.⁹⁵

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In an article emanating from the office of the director of the neuro-genetics branch of the National Institute of Mental Health, a bright future for psychiatric healthists has been painted. Round the corner are diagnostic tests with which persons *at risk* (that is, still healthy) will be identified and will eventually become targets for ‘gene therapy’.⁹⁶

The 1990s were declared to be the ‘Decade of the Brain’ by the US Congress and President Bush. That’s where the interest of Big Brother ultimately lies. In imitation of the search for the Holy Grail of geneticists – the mapping of the human genome – the Human Brain Project, estimated to cost three billion US dollars, will

seek to define the structure and function of the last major biochemical frontier, how we think, create, improvise, learn [and] how diseases cause dementia, mania, memory loss, hallucinations and delusions.⁹⁷

As the technical language, in which biological psychiatry wraps its promises, may dazzle the unwary, it is salutary to recall that phrenology was accepted as a science by such eminent minds as Augustine Comte, Karl Marx, Goethe and the founding editor of *The Lancet*, Thomas Wakley.

The lure of a genetic explanation for crime, homosexuality, drug abuse, violence and mental illness is twofold: for controllers of social deviance it provides a justification for behavioral control with chemicals, psychosurgery or eugenic programmes; while the victims themselves love it, as it offers exculpation for their transgressions. Simple explanations for complex problems have always appealed to the simple-minded. In this case, a sin and its absolution are entwined in the DNA’s double helix.

A variation of the genetic predetermination of behaviour is an environmentalist theory which postulates that during foetal development in the womb, something can go wrong biochemically. In 1987, an Irishman, described in *The Irish*

Times as ‘a father of six, who was one of the Archbishop’s nominees on the local national school management board and regarded as a pillar of his Dublin suburban community’ was charged with sexually abusing one of his daughters.⁹⁸ A consultant psychiatrist, described as ‘an expert on psychosexual problems’, gave evidence that ‘the latest thinking on why sexual abuse of children takes place is that at some stage of very early development, probably *in utero*, some malfunctioning occurred in the male brain’.

This non-genetic, yet inborn determinism of one’s fate has now been extended to other diseases. ‘Evidence is emerging that many adult disorders, including heart disease, schizophrenia and diabetes, originate in the unborn child, leading researchers said yesterday’, according to the medical correspondent of *The Times*.⁹⁹ A London professor of psychiatry was quoted in the same item as saying: ‘Some calamity occurs, perhaps due to a viral infection, the effect of drugs, or the mother’s nutrition, that impairs the normal development of the baby’s brain’. These pseudo-scientific speculations could have serious consequences in a ‘normalising’ society, in which a mother could be sued by her child for damages caused by the mother’s incorrect diet or drug use. Conversely, paedophiles, instead of receiving a jail sentence, may be ‘treated’ by genetic or biochemical manipulation.

The director of the US Office of Disease Prevention and Health Promotion predicted in 1987 that by the year 2000, most people would have their genetic profiles on record.¹⁰⁰ The geneticist, Marjory Shaw, thought that the powers of the state should be used to control the spread of genes causing severe deleterious effects, ‘just as disabling pathogenic bacteria and viruses are controlled’.¹⁰¹ The head of cell biology at Manchester University, Mark Fergusson, has predicted that within 20–50 years, genetic ‘passports’ will be as familiar as driving licences. Genetic make-up could be stored on a card, or even on a microchip implanted in the body.¹⁰²

The writing is on the wall. We cannot say that we did not

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know and that we were not warned. Yet it is not science which is to blame. Man's inquisitive mind cannot be stopped by decree or law. What must be stopped, before it is too late, are technological applications for political aims. Genetics is a science, but genetic screening is not.

9 The war on drugs

The war on drugs is aggression of some people against some other people . . . humanity's age-old passion to 'purge' itself of its 'impurities' by staging vast dramas of scapegoat persecutions.

(T Szasz, 1988)

This is not the place to present the complex arguments for and against the legalisation/decriminalisation of drugs. It is, however, the place to note the costs of the *war* on drugs, especially to liberty. These costs recall those of other developments noted in this book.

When Dr Thomas Bewley, the President of the Royal College of Psychiatry, addressed the Medico-Legal Society in 1984 on overreaction to drug dependence, some policemen and judges in the audience were incredulous of the fact that drugs like heroin can be taken in moderation (like alcohol) without any harm to the user.¹⁰³ Throughout history, new drugs, such as tea, coffee, or tobacco were hailed with the same hysteria, an overstatement of harm, and state-sponsored violence against users. The drug which is causing more problems, more harms, more ills than all the others is – as Bewley argued – alcohol. Yet such an acknowledgement is not a sufficient reason for prohibition.

Man is an addictive animal, and his addictions are not limited to chemical substances. An article in the *British Journal of Addiction* described carrot addiction in three patients.¹⁰⁴ A 35-year-old woman was reported to be severely addicted to raw carrots, consuming about two pounds a day.

Another woman, consuming large amounts of carrots daily, kept the peelings as a reserve supply. The third was a man who was trying to kick his smoking habit by chewing carrots. Soon he was consuming up to five bunches a day, and when carrots were out of season he put himself to considerable expense. He only managed to liberate himself from the enslaving habit by resuming his smoking. The withdrawal symptoms in these patients were so strong that these carrot 'abusers' were consuming their 'drug' even in socially quite unacceptable situations.

At all times and in all cultures, people have used local plants, shrubs, fungi, parts of animals or minerals for inducing pleasant, intoxicating, euphoric, stimulant, hallucinogenic, or soporific effects. Thus for example, Australian Aborigines used dried leaves of the plant *Duboisia hopwoodii*, in a product known as *pituri*, for its stimulant, and in larger doses, narcotic, properties. The plant contains various potent alkaloids, particularly nicotine. It was traded throughout a territory of half a million square kilometres.¹⁰⁵ The Kung Bushmen of the Kalahari Desert used local plants for evoking hallucinogenic experiences,¹⁰⁶ and the discoverer of LSD, Albert Hofmann, in a book written with the director of Harvard Botanical Museum, documented an enormous variety of hallucinogenic, stimulant, or narcotic products found in plants and used in primitive societies all over the world, such as kola nut in Nigeria, khat in Yemen, kava-kava in Polynesia, kanna in South Africa, keule in Chile, kieli in Mexico, koribo in Brazil, kwashi in Botswana, besides the better known and more widespread opium, marihuana, or cocaine.¹⁰⁷ In many religions, mind-altering drugs were an important adjunct. Ergot, of which LSD is a synthetic derivative, probably played a role in the Eleusinian mysteries. The drink that gave the god Indra the power to perform supernatural feats, known as 'soma', was celebrated in *Rig-Veda* (viii, 48) and Scythians, some 3,000 years ago inhaled burning cannabis.

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Historical accounts of the transition from the free use of drugs such as opium to their prohibition show clearly that the reason for the increasingly punitive measures was not a demonstrable increase in harm caused by drugs, but a combination of monopolisation (by the medical profession and later by the state), moralism, racial policies, and the search for scapegoats. The consequences of the war on drugs, with its headquarters in the USA, are more serious than the potential harm drugs can cause. They affect society at many levels.

In a state of war, any measure is justified. Constitutional rights are suspended, the protection of civil liberties abrogated, democratic traditions trampled under foot. Citizens, having committed no crimes, may be spied upon, their telephone conversations bugged, their secret dossiers updated, and informers rewarded. The police are given unrestricted powers to search any person, vehicle, or premises. Witosky, a US professor of law, has documented this Big Brotherism in his book, *Beyond the War on Drugs*.¹⁰⁸ The Drug Enforcement Agency keeps computerised records on 1.5 million persons, containing data from informants, and undercover agents, even though 95 per cent of these citizens are not under investigation for any crime. Yet little protest is heard from the public. According to Witosky, 'the gradual accretion of enforcement powers moves so slowly as to be invisible to the untrained eye. The rights of citizens recede by gradual erosion, by relentless nibbling, rather than by gobbling'.

Random urine testing to detect the use of illegal substances among employees or job applicants became widespread in the USA in the 1980s. In 1981, President Reagan's Commission on Organised Crime demanded that contractors with the federal government subject their employees (about one million) to such tests. These programmes bring great profits to drug-testing firms, who naturally defend them as accurate, which is far from the truth. A science correspondent for *The Independent* submitted his urine for drug testing after eating two poppy-seeded bagels and tested positive for opiates.¹⁰⁹

According to one drug-testing firm, advertising in the *Journal of Occupational Medicine* in 1989, 'in any workplace, between the ages of 20 and 40, somewhere between 14 and 25 per cent may test positive for illegal drug use on any given day', quoting a governmental consultant on drug abuse. The screening business in 1990 was worth \$800 million a year. In Sweden, 30 major companies introduced urine screening for drugs at a cost of about \$200 per sample.¹¹⁰ By 1991, more than half of larger US companies used such tests for job applicants. According to one public poll, Equifax, such measures are supported by 83 per cent of Americans.¹¹¹ When slaves begin to worship their masters, their masters do not need to fear rebellion. Some companies in the UK, including one bank, introduced a newer form of drug testing, by analysing hair, which, it is believed, allows the detection of drugs used in the several weeks or months before the job interview.¹¹² In 1990, the Labour MP, Ray Powell introduced a private member's bill, with cross-party support, for random urine drug testing in school-children.¹¹³

The US Sher-Test Corporation sells a spray which allows the buyer to detect small quantities of drugs on doorhandles or bedside tables. Suitable for a parent or a child, a spouse or a friend. As Keith Botsford observed, 'The family who sprays together certainly won't stay together'.¹¹⁴ In Los Angeles a group which calls itself DARE (Drug Abuse Resistance Education) encourages children to spy on their parents. In several instances parents were brought to court having been denounced by their children.

In the late 1970s a new form of drug smuggling appeared. Drugs packed in small plastic bags or condoms were swallowed or hidden in the vagina or rectum. (One unfortunate was caught with contraband in his ear, as reported in the *British Medical Journal*.¹¹⁵) The amount smuggled in this way is relatively small, considering the tons of drugs occasionally seized, and their carriers (known as 'mules', 'stuffers', or 'swallowers') risk fatal poisoning in the case of leakage of the

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drugs. These smugglers are usually poor people, struggling to make ends meet, often women with small children.¹¹⁶ They risk their lives for a paltry gain, and, when caught, face long-term prison sentences, while those who use them as pawns thrive on huge profits. The interception of these 'body-packers' takes place at airports, where doctors acting as agents of the state carry out 'a simple manual examination' [of the rectum and vagina], rectoscopy and rectal lavage, abdominal x-ray and examination of faeces.¹¹⁷ At Heathrow airport in London, these specialists are known jocularly as 'Goldfingers'.

According to a leaflet the National Council for Civil Liberties enclosed in *The Spectator* in March 1990, 'custom-officers randomly strip-search people on a regular basis. In twelve months they strip-searched 22,214 [people]'. This contravenes Article 5 of the Universal Declaration of Human Rights, which states: 'No-one shall be subjected to degrading treatment or punishment'. Only the well-heeled are likely to make their complaints heard. A black New York judge, Margaret Jackson, visited London as an invited speaker at a law conference. On landing she was made to submit to a body search and to provide a urine sample. No charge was made.¹¹⁸ In October 1991, 18 Gardaí (Irish police) raided a private party at a country house and strip-searched three women and four teenage girls, aged 14–17. No drugs were found and no charges made. A scene worthy of Buñuel or Godard.¹¹⁹

Dr Donal MacDonald, President Reagan's drug advisor and ex-head of the Alcohol, Drug Abuse and Mental Health Institute, proposed that anyone using drugs should be arrested and brought to court. '[The President] cleared it. He said OK'.¹²⁰

Of the 40,763 prisoners in New York State, at the end of 1987, one half were jailed for drug related offenses.¹²¹ More than one million Americans are arrested for such offenses every year, and the average prison sentence for a drugs

offence, at seven years, is longer than for murder, at six and a half years.¹²²

During 1989, Iran hanged over 900 drug dealers.¹²³ In May of the same year, Egypt had introduced hanging for drug smuggling.¹²⁴ In 1991, 35 drug traffickers were sentenced to death in South-West China.¹²⁵ And a Pakistani caught smuggling heroin in his shoe was beheaded in public in Jeddah, Saudi Arabia in July 1993.¹²⁶ Los Angeles Police Chief, Daryl Gates, declared in a testimony to the US Senate that casual drug users 'ought to be taken out and shot', according to the October 1990 report of the Californian branch of the National Organisation for the Reform of Marihuana.¹²⁷ In the state of Delaware, nearly half the Democratic majority in the Delaware Senate agreed to co-sponsor the reintroduction of flogging for drug offenses, a proposal described by William Rennett, President Bush's chief 'drug czar', as 'innovative'.¹²⁸ Witosky documents calls by American politicians for isolating drug dealers in Arctic Gulags or executing them.¹²⁹ Others suggested that suspicious planes should be shot down.

In 1989 about 120 policemen raided a pub in Wolverhampton, and in the following mêlée, an additional 130 police were called in as reinforcement. The net result of the operation, besides many injured people, was the seizure of some cannabis and crack cocaine with a street value of £140.¹³⁰ And a teenage 'Acid House' party in South London was raided by 150 officers of the Territorial Support Group (one for each party goer), in full riot gear, equipped with thermic lances, hydraulic rams, angle grinders and sledgehammers, as witnessed by the crime correspondent for *The Independent*.¹³¹ No offensive weapons were found at the party. Some ecstasy tablets, LSD microdots and marihuana were seized and eight people were subsequently charged with drug offenses.

In the USA, under the Comprehensive Crime Control Act of 1984, the police have the power to confiscate the property of drug 'traffickers'. A \$25 million yacht was seized by the

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US Coastal Guards because ten marihuana seeds and two stems were found aboard. Another example, given by Witosky,¹³² was the case of a Michigan couple returning from a Canadian holiday. Customs officials found two marihuana cigarettes in the man's pocket, and without filing any charges, confiscated his wife's new car, in which the couple were travelling. Richard Grant reported in the *Independent on Sunday* that one county sheriff in Orlando, Florida, seized five million dollars in cash by randomly stopping motorists, mainly black or Hispanic, on Interstate 95.¹³³ Since 1988 the police can keep the proceeds of such seizures, which in many cases may happen to the innocent, who may find it impossible to mount a legal defence. All this is happening in the name of 'crippling the power of the mob in America', as President Reagan said when declaring war on drugs in 1982.

The Panamanian dictator, General Manuel Noriega, was a well-known drug trafficker but also a personal friend of the US Drug Enforcement Administration. In December 1989, when he was no longer needed, United States troops invaded Panama under the pretext of capturing Noriega. During the operation they murdered several hundred people, destroyed the slum area, El Chorrillo, and left thousands homeless. As the war escalates, so do the profits of drug traffickers and their readiness to kill and be killed. In Colombia, between 1982 and 1988, 108 politicians, 157 judges, 1,536 policemen, 3,491 narco-officers and 3,100 civilians were murdered as part of the drug war.¹³⁴ Bribery corrupts police, judges, Interpol chiefs, politicians, and even whole governments. A government may also use the war on drugs as a pretext for political and military interference in foreign countries. This is particularly true of the USA.¹³⁵

Anti-drug laws create an enormous black market, estimated at about \$150 billion a year in the USA alone, and \$500 billion worldwide.¹³⁶ Drugs have overtaken oil in traded value.¹³⁷ Yet, the drug war has had no effect on supply, which has reached saturation level. The street retail value of

a kilo of cocaine in New York City fell from \$650,000 in 1980 to \$50,000 in the 1990s.¹³⁸ The artificially inflated price of drugs on the black market gives rise to a new form of crime through which the users are financing their expensive habit by mugging, stealing, robbery, prostitution and pyramid selling, which brings more users into the black market net. The health of drug users is endangered by repressive legislation. It brings them into the criminal underworld, where they are at risk of being the victims of violent crime, of contracting serious infections (either on the street or in prison), being poisoned or overdosed with materials of uncertain provenance and purity, and being deprived of medical and social care.

The gulf between the real world and the 'drug problem' as seen by government bureaucrats can be illustrated by the account of one dealer, interviewed by a journalist from *The Independent*.¹³⁹ Dennis was an unemployed Londoner who began dealing to finance his own habit. He was making £2,500–£5,000 a week from the sale of cocaine and Ecstasy, selling only to people he knew well. He said:

Of course, I'm a villain, but I don't ask people to buy my drugs, they come to me. The more someone tells you not to do something then the more likely you are just to do it. You can't have people like that Virginia woman [the Minister for Health, Virginia Bottomley] lecturing you because you know she's a witch, even if you're seven years-old. Everyone's too wise these days for that sort of shit. Seven-year-olds are dealing and these politicians have no idea. They *think* they do after a tour of some estate, but visiting and living, that's something different.

'Prohibition cruelly compounds the problems it was meant to solve. So end it. Legalise, control, discourage' advocated an *Economist* editorial.¹⁴⁰ The beneficiaries of the current war on drugs are the drug traffickers and the drug-enforcement agencies. For both groups the worst thing which

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could happen would be a ceasefire. Widespread drug use is not a disease but a symptom of unhappiness, alienation, anomie, desperation, and is linked to poverty, unemployment, and the squalor of urban ghettos. For many young people, experimenting with drugs is their expression of defiance and of their enchantment with forbidden fruit. In well-off circles, the use of drugs is usually a relatively harmless pastime in pursuit of hedonistic pleasure.

Drug use is a complex problem which has no simple 'solution', but many criminologists, judges, lawyers, politicians, and humanists have argued for a pragmatic approach to legalisation or decriminalisation of drug use. A *Lancet* editorial, for example, concluded 'The abject failure of prevailing policies is now so generally acknowledged that the momentum towards decriminalisation is surely becoming unstoppable'.¹⁴¹ A US public health professor, George Silver, wrote in *The Lancet* that 'existing laws have more to do with moral concerns than with health concerns'.¹⁴² The *British Medical Journal* wrote that arguments against legalisation have never been clearly articulated: 'instead, we stumble into a world of defensiveness about legalisation, speculation – with outrage – about how hedonists, escapists and the dregs of society, high on drugs, will wreak havoc'.¹⁴³

Expected benefits from a ceasefire in the war on drugs would include first, a reduction in crime; secondly, a redeployment of the police and courts from victimless crime to better protection of victims; thirdly, reductions in the population of overcrowded prisons; fourthly, the improved health of drug addicts; and, fifthly, better prospects of reintegrating drug users into society.

10 Autonomy

Where the idea comes from that men hold despotism in detestation, I do not know. My view is that they delight in it.

(Bertrand de Jouvenel)

The concept of autonomy became transiently popular among medical ethicists between 1969 and 1983 – the phase described as ‘autonomy’s temporary triumph’.¹⁴⁴ Since then the screw has been tightened again and autonomy seen as a too narrow and too negative concept. ‘In contrast to the negative view of autonomy, more recent authors have provided a view that encourages a more positive, active role for the physician’.¹⁴⁵ The active role includes ‘coercion and manipulation’, so that the person may be ‘more autonomous in the future’.

Advocates of paternalistic legislation use the distinction between ‘negative’ and ‘positive’ liberty to dismiss John Stuart Mill’s defence of autonomy. Muir Gray and Charles Fletcher stated that ‘much of the weakness in Mill’s argument stems from a failure to define precisely ‘liberty’’.¹⁴⁶ In advocating the prevention of cancer by legislative means, Gray and Fletcher implied that Mill’s concept of liberty was merely ‘negative’, while ‘positive liberty, Berlin argues, is much more important, being the liberty to decide how much negative liberty each individual should have’. Examples of ‘negative’ liberty, attributed to Mill, were the liberty to smoke cannabis, to purchase cigarettes or alcohol without an imposed health tax. Mill was thus caricatured as a libertine who preached free love and liberty as licence, rather than liberty as autonomy and freedom from coercion. The stress on ‘positive’ liberty is reminiscent of ‘positive’ health in health-promotion rhetoric. Isaiah Berlin’s views were also misrepresented by Gray and Fletcher. Berlin distinguished ‘positive’ and ‘negative’ liberty in a more important sense, as answers to the questions ‘By whom am I governed?’ and, ‘How much am I governed?’. The first question is about the

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guarantees of democracy, while the second deals with the limits of the power to coerce. To quote Berlin himself:

Each concept seems liable to perversion into the very vice which it was created to resist. But whereas liberal ultra-individualism could scarcely be said to be a rising force at present, the rhetoric of 'positive' liberty, at least in its distorted form, is in far greater evidence, and continues to play its historical role (in both capitalist and anti-capitalist societies) as a cloak for despotism in the name of a wider freedom . . . Hence, the greater need, it seems to me, to expose the aberrations of positive liberty than those of its negative brother.¹⁴⁷

It is not the lack of a precise definition of liberty which makes Mill unacceptable to paternalists, but his clarity, eloquence and the passion with which he defends 'the only freedom which deserves the name'. Here are two examples of Mill's language:

Neither one person, nor any number of persons, is warranted in saying to another human creature of ripe years that he shall not do with his life for his own benefit what he chooses to do with it . . . All errors he is likely to commit against advice and warning are far outweighed by the evil of allowing others to constrain him to what they deem his good.

Or,

The only freedom which deserves the name is that of pursuing our own good in our own way, so long as we do not attempt to deprive others of theirs, or impede their efforts to obtain it. Each is the proper guardian of his own health, whether bodily, or mental and spiritual. Mankind are greater gainers by suffering each other to live as seems

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good to themselves, than by compelling each to live as seems good to the rest.¹⁴⁸

Mill's concept of autonomy spells disobedience, non-compliance, rebellion. Attempts to coerce independent minds fail, because 'they will infallibly rebel against the yoke'. It was for good reason that Mill's essay *On Liberty* was banned by the communists. How eagerly it was read, in secretly copied typescripts, during my student years in communist Prague!

Mill describes 'individuality' as one of the elements of well-being. What he means by individuality is that people should be free to act upon their opinions:

To carry these out in their lives, without hindrance, either physical or moral, from their fellow-men, so long as it is at their own risk and peril. This last proviso is of course indispensable . . . If a person possesses any tolerable amount of common sense and experience, his own mode of laying out his existence is the best, not because it is the best in itself, but because it is his own mode.

Mill's 'individuality' is synonymous with liberty as independence, and can be subsumed under the term 'autonomy'. Personal autonomy is a venerable concept, traced by Michael Oakeshott to the 12th century. It was reflected in poetry, sagas and songs.

It is alive in the characters of Boccaccio . . . expressed elegiacally in the poems of Villon, with Teutonic seriousness in the Meistersinger of Nürnberg, flamboyantly by Cellini, and profoundly in the devotions of Thomas à Kempis and of St John of the Cross . . . it received its classic expression in the *Essais* of Montaigne.¹⁴⁹

Modern social engineers and health promotion utilitarians

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see this ‘strongest strand in the moral convictions of the inhabitants of modern Europe’¹⁵⁰ as merely ‘negative’ freedom, not ‘precisely defined’ and an obstacle to their plans to legislate for our happiness. Whether the political system is called communism, national socialism, theocracy, or the welfare state, the common denominator is the view that the nation is a patient in need of counselling, social engineering and behavioral modification. Oakeshott described such a state as an ‘association of invalids’, ruled by therapists who are distinguished from their patients by virtue of their alleged skills. They include health promotionists, screeners, psychiatrists, group therapists, social workers, lifestyle counselors and risk factor inquisitors. Karl Popper complained in *Conjectures and Refutations*:

Pocket dictators still abound: and a normally intelligent man seeking medical advice must be prepared to be treated as a rather tiresome type of imbecile if he betrays an intelligent interest – that is, a critical interest – in his condition.¹⁵¹

Autonomy implies the right to make mistakes, to have regrets, to choose unwisely, to behave foolishly. The US professor of law, Randy E Barnett, restated Mill’s defence of autonomy as applied to drug users, as follows:

If the rights of individuals to choose how to use their person and possessions are fully respected, there is no guaranty that they will exercise their rights wisely. Some may mistakenly choose the path of finding happiness in a bottle or a vial. Others may wish to help these people by persuading them of their folly. But we must not give in to the powerful temptation to grant some the power to impose their consumptive preferences on others by force. This power – the “essence” of drug laws – is not only “addictive” once it is tasted, it carries with it one of the few guaranties in life: the guaranty of untold corruption and human misery.¹⁵²

'Freedom' is the alleged aim of all oppressors. According to Hegel, 'the Idea of Freedom is the absolute and the final aim . . . We then recognise the State as the moral Whole and the Reality of Freedom'. Karl Popper commented on this passage as follows: 'We begin with freedom and end with the totalitarian state'.¹⁵³

In Orwell's *Nineteen Eighty-Four*, one of the slogans on the façade of the Ministry of Truth was 'Freedom is Slavery'. Some psychiatrists in the USA have proposed that healthy people could 'further their autonomy' by signing a voluntary commitment contract for involuntary hospitalisation in the future, so that they may be treated against their will. The rationale behind this proposal was the notion of 'long-term self' and the fear that 'self' in the future may act in a way displeasing to 'self' at present. In 1984, the proposal, dubbed the 'Ulysses contract', was debated in the ethics journal, *Hastings Center Reports*, where one ethicist rejected the idea for the wrong reasons:

The justification for Ulysses' contract rests on a particular concept of individual autonomy. These may be compelling goals, but at this time we lack the means to achieve them with accuracy.¹⁵⁴

The point is not whether these goals can be achieved with 'accuracy', whatever that means, but whether contracting oneself into slavery 'furthers one's autonomy'. To quote Mill again:

By selling himself for a slave, [man] abdicates his liberty; he foregoes any future use of it beyond that single act . . . the principle of freedom cannot require that he should be free not to be free.

It is a travesty of language to use the term 'autonomy' in the sense of 'deprivation of autonomy'. The Ulysses contract is

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a cat-and-mouse game invented by the cat. It has nothing to do with Ulysses, whose instruction to his crewmen to bind him to the mast so that he could savour the Sirens' song with impunity, represented the wish to have pleasure without punishment. The psychiatric contract allows the 'crew' to have the pleasure of inflicting punishment on the hapless signatory of the contract, immobilised in a strait-jacket.

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