

Health and History

by

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History is all about health – how to get it and how to keep it, as long as possible – and health beliefs. Good health comes from good luck and making good choices. The opposite of health – which Lewis Mumford¹ called “illth” – comes from bad luck or making bad choices. Health beliefs are about what we think would keep us well and safe. A system of health beliefs must have been very important to humans as they evolved. The search for health has been one of the most important driving forces in human history.

The idea that people could improve their health and their chances for a long and healthy life led to the development of medicine as we now know it: first came the witch doctors; then self-trained men and women who had the gift of healing and could take care of wounds; of midwives; of men and women who could find plants with useful effects; of apprentices and barber surgeons; and now medicine and pharmacy as we now have it. It was the dawn of science, the first scientific profession. What we call chemistry, physics and biology developed in the search for medicines and a safe environment. Astronomy, agriculture, engineering, and the martial arts can also be

traced to the desire of humans to have a safe and productive environment. And of course, preventive medicine and public health followed along the same path.

The term “history” has been redefined in the past half-century. It is now considered to be all that ever happened, and also to be the story of what has happened. The “great man” approach has been largely replaced by a search for “choices” made by peoples, whenever they have the possibility of making choices. The argument becomes more focused, and I think more interesting, as we study the ways that health and illness, and the search for health, have played such an important role in human history.

Humans don't always do what is best for their own health and the health of others. But even when humans reject the search for health, it has usually been a conscious decision. Humans are instinctively aware of pain and they recoil from danger, but as sentient beings they can foresee that harm or death may result from choices they make. Adult humans usually anticipate the need for food, water, clothing, and a safe shelter. These are the basic requirements for daily health and well-being. They also look ahead to the next day, and week, and season, and year – planning and building, keeping the future in mind.

The thoughts of individuals become the norm for society as well. Our species became organized to ensure that families and clans, and then unrelated persons, gather together to produce safe and long-lasting lives for all. It is remarkable to see the sacrifices that some individuals make on behalf of good for the rest.

Many scholars have previously described the evolution of the healing arts from their earliest beginnings in so-called primitive societies. In *The Golden Bough*,² Fraser described the human concern for both spiritual health and physical health. The term “witch doctor” is often used pejoratively, although Fraser didn't look at it that way, nor do I. A person with these skills would utilize them in the same way a generalist physician would do today – the equivalent of today's psychiatrist, internist, and surgeon.

It's a long stretch from this ancient history to the present time. The branches of history that are involved in this are the history of technology, and the history of the city. Anthropology, archaeology, the history of agriculture and architecture are involved, too, and also political and economic history. The development of civilization is now understood to have passed through stages from the hunter-gatherer of the distant past to the city dweller of today. Cities became sites of specialized workers; they were hubs of transportation, and they were walled for safety. Stones and wood for implements were replaced when metals were discovered. Plants were found from which textiles could be made, and cloth then replaced animal skins for clothing. The marketplace arose in the cities in which products were exchanged for profit. A stationary civil population could accumulate foods for future use, and items could be held for personal enjoyment or a hedge against catastrophes. All of these developments were intended to produce safe, healthy, and happy human beings.

But how does modern medicine fit into this history of human beings? The answer is that all important events in human history can be directly or indirectly attributed to the loss of health, or concerns about health. This has usually been by

illness or injury, or other processes that led to death, disability, or health concerns; and sometimes beliefs about health that profoundly affected polity in other ways. This notion is somewhat analogous to Mahan's *The Influence of Sea Power upon History*.³ Mahan would say that choices are made by nations on basis of knowledge of the importance of sea power. I would say instead that they are made on the basis of health, illness, and the search for health. Other historians have glimpsed a portion of my argument, but I think that none has ever previously seen the full picture of it. When Kuhn proposed his new concept of “paradigms” in *The Structure of Scientific Revolutions*,⁴ he didn't include any examples from the history of biology and medicine. A few historians have recognized that infectious diseases have been the underlying cause of many historical events; for example, William McNeill's *Plagues and Peoples*⁵ and Alfred Crosby's *Columbian Exchange*.⁶ Other scholars and science writers have also written about the impact of infectious disease on history; see Hans Zinsser's *Rats, Lice, and History*⁷ and Jared Diamond's *Guns, Germs, and Steel*.⁸ Our search for health begins with our belief about health. This is, in the end, a question that each group of people answers in its own way. Lynn Payer demonstrates this in her book, *Medicine and Culture*.⁹ It is difficult to engage the interest of most historians in this discussion, and also many others who are well-educated, but don't have a mind for science. This is what C. P. Snow called the problem of *The Two Cultures*.¹⁰

Battles and wars are ultimately won by the superior force, a fleet or an army that has, or is expected, to prevail by capturing or killing the opposition. It's brutal, but that's history. Infectious disease and warfare have affected historical events, but so, too, have

other diseases and types of illness. Many events in history have turned on the fortuitous avoidance of death and illness. For example, the early, sudden, death of Alexander III 'The Great' in Babylon immediately put an end to the expansion of the Alexandrian Empire. Also, examples of dodging death, if only temporarily, and death deferred, with history thereby altered. There can be little doubt that the course of American history would have been very different had Franklin Roosevelt died in his third term, when he would have been succeeded by Henry Wallace, instead of dying less than two months into his fourth term, when he was succeeded by Harry Truman.

You can add the following to the list of diseases that have profoundly affected history: starvation, thirst, vitamin deficiency and inherited diseases. These diseases include Mediterranean anemia and sickle cell anemia, which sapped the strength of many Africans and those who lived in the Mediterranean basin; and the growing population of diabetics, which produces a social, economic, and ultimately a moral dilemma. History has also been changed by accidents of nature, or by the unintended consequences of human actions. Volcanic eruptions, tsunamis, typhoons, blizzards, tornadoes, and 'little ice ages' have profoundly affected human history. However, it is not the geological or climatic event itself that changes human history, it is what each event does to humans, and how they respond to it accordance with their health beliefs. In early days, a catastrophic natural event was looked at as something that was as inevitable as it was unpredictable, and it was best to look at it as the will of the gods. In that way, the catastrophe was incorporated into the health belief system, and re-enforced the system.

Not everyone seems to want good health or a risk-free life. From the earliest days, before there was a written record, people have been willing to inflict pain on others and also on themselves, and even death, because they believed that this was the right thing to do. We see it in the pre-Columbian Meso-American's carved stones, which appear to show sacrifices they performed, some by drowning, and some by mutilation. It is believed that many of those who were sacrificed knew and accepted what was in store for them. We also read of it in the legend of the death of Jesus, which has been considered remarkable but believable by many millions of his followers. That he would willingly accept this death is considered a cause for piety, not for disbelief. More recently, in World War II, "Banzai" suicide charges were made by Japanese troops and suicidal missions were carried out for the Emperor-God by kamikaze pilots. Their courage was matched by the U.S. Marines who waded ashore at Iwo Jima, not expecting to survive. The motive was different in all of these examples, but the result was the same; they understood that they were giving up health, happiness, and well-being for what they considered to be a greater cause.

This issue continues to permeate our lives and our thoughts, without our recognizing it for the historic force it has been. The most contentious domestic issue in the past century has been societal welfare. It is clearly based on what we believe should be the goal for the health of society as a whole. It is a major element in the economy, and in politics. The first major step in the U.S. government's solution for social health was social security, which was enacted as part of the plan to end the Great Depression, during the administration of Franklin Roosevelt. The next big step in social health

planning was Medicare, enacted during the Lyndon Johnson administration. The next stage was the development of a “health care industry,” as Paul Starr has described it in *The Social Transformation of American Medicine*.¹¹ We are now struggling with this issue again in the Affordable Care Act. This is surely the most contentious and expensive issue that America now faces in its domestic policy debate.

This brief paper calls attention to the effects on history of serious diseases and deaths, from whatever cause, and of the effects that occur as societies attempt to ameliorate or prevent these deaths and diseases.

¹ Mumford L. *Technics and Civilization*. Chicago: University of Chicago Press; 1934.

² Fraser JG. *The Golden Bough: A Study in Magic and Religion*. [1890] New York: Oxford University Press; 1994.

³ Mahan AT. *The Influence of Sea Power upon History, 1660-1783*. Cambridge, University Press; 1890.

⁴ Kuhn TS. *The Structure of Scientific Revolutions*. Chicago: University of Chicago Press; 1962.

⁵ McNeill WH. *Plagues and Peoples*. New York: Random House; 1976.

⁶ Crosby A Jr. *The Columbian Exchange: Biological and Cultural Consequences of 1492*. Westport, Conn.: Greenwood Press; 1972.

⁷ Zinsser H. *Rats, Lice, and History*. London: George Routledge & Sons; 1935.

⁸ Diamond J. *Guns, Germs, and Steel: The Fates of Human Societies*. New York: W. W. Norton & Co.; 1997

⁹ Payer L. *Medicine and Culture*. New York: Henry Holt and Company; 1988.

¹⁰ Snow CP. *The Two Cultures*. Cambridge: Cambridge University Press; 1959.

¹¹ Starr P. *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry*. New York: Basic Books; 1984.