

Mass Disease: Multiple Perspectives

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Abstract: No brief account accounts of major pandemics through history can give us an insight into the human response to crises like pandemics, but, since the word history is subjected to the limitations of human knowledge and technology to keep a record of facts, there could be numerous epidemics, pandemics or endemics which fail to be noticed in history records. Perhaps mass disease is as old as human civilizations. Our perspectives and responses towards mass disease had been and have been going through continual change and shifts in culture, society, science, governance. Researchers in history, culture, philosophy have tried to study the impact of mass disease in terms of human response from collective or individual levels. The human response is as complex as the history itself. Our response to crises like Covid19 pandemic during 2020 will shape the future history of human being as the ways and means to deal with crises fully are determined by our faith in human ability to survive. Multiple Cultural responses and philosophical perceptions of the phenomena of mass disease is as important as scientific research and commitment towards the present crises. This is what is subject of my proposition in this article.

Key Words: Mass Disease, Society, Culture, Phenomenology, Hippocratic triangle

When we use the term mass disease we cover the connotations of different levels of expanse of a particular disease at a particular time from endemic, epidemic to pandemic. According to an article entitled '2,500-year Evolution of the Term Epidemic' by Martin and Martin-Granel, published in a journal called *Emerging Infectious Diseases* (Volume 12), linguistically the word epidemic was derived from the Greek word 'epidemios'; its linguistic use dates back to the time of *Iliad* and *Odyssey* by Homer during eighth century BC. Originally it had the non-medical sense of people or country since 'epi' meant 'on' or 'upon' and demos' meant 'people'; Homer used the phrases 'polemos', 'epidemios' in *Iliad*; later Thucydides too used the word 'epidemeo' but not in medical pathological sense; they used words like 'nosos', 'loimos' to describe the destructions of mass disease; it was Hippocrates (460 BC-375BC), the famous and ancient Greek physician, who employed the term 'epidemios' for modern sense of epidemic disease. It was Hippocrates of Cos after whom the famous Hippocratic Oath or ethical conduct of the physicians has been coined.

Religious Response in Europe

Throughout history we have different words for mass disease in literary or historical texts which try to capture the effects of epidemics or mass disease. These texts also reveal common response and perceptions about mass disease. In literary discourse the most prominent example of epidemic disease has been the plague which has the Latin sense of 'pestis' and 'pestilentia'; at the very beginning of *Iliad* by Homer we find the Pagan God of plague, Apollo inflicting this punishment upon the Greek soldiers for the offence Agamemnon caused towards Chryses and his daughter Chryseis at the beginning of *Iliad*; also in *Oedipus Rex* by Sophocles, which was considered to be the perfect example of Greek tragedy by Aristotle in his *Poetics*, Apollo caused the infliction of plague upon citizens of Thebes for the sin of their king. In Old Testament to the word plague is thought to be caused by human injustice or sin or ignorance.

History of epidemics, pandemics throughout the Christian world has displayed religious discourse which remained influential during middle ages. It often becomes apocalyptic for the common people. The fourteenth century plague or the Black Death in Europe had its early

portents in climate change, foul weather, famines, wars, etc. In his text *from the Brink of the Apocalypse: Confronting Famine, War, Plague and Death in the Later Middle Ages*, John Aberth discusses about the apocalyptic vision faced by the mediaeval society. During 1315 to 1322 the great famine ravaged Northern Europe (1), the Hundred Years War between France and England during 1337 to 1453. Even biblical scenes of Apocalypse, visions of Antichrist coming upon earth were evoked by Chroniclers like Gabriele de Mussis who described St. John's vision of Seven angels' pouring God's poison upon earth to describe such fatal phenomena like famine, war and plague.(2). Aberth refers to texts like *Vox Clamantis* ('*The Voice of one Crying*') by John Gower and *Piers Plowman* (1370-1390) by William Langland where Apocalyptic visions of Antichrist were used to describe the effects of Black Death, Wars, famine during this century (Aberth 4).

Brief History of Mass Disease

History of Epidemic is as old as the civilizations referred by Homer in his *Iliad* and *Odyssey*. In fact, the term epidemic has also been used by Homer in *Odyssey*. Historical evidence may not be found for all the epidemics which ravaged the civilizations of different ages of different continents, islands. Yet epidemic, pandemic have a sufficiently longer history than we presume today. Unknown typhoid fever during Peloponnesian War in 430 BC in Athens, which might have its source in Egypt, the Antonine plague during 165 AD to 180AD brought by Huns and Germans affecting Roman empire and emperor Marcus Aurelius, the Cyprian plague in 250AD in Carthage, Ethiopia, which affected Britain in 444AD, the Justinian plague in 541AD in Egypt, Palestine and Byzantium empire, which caused Christianity to spread across the Roman empire are some of the well-known examples of epidemics, pandemics in ancient history .During medieval era Black Death in Europe was caused by again plague; it changed the demography, economy and feudal society in Europe and killed one third population of Europe during middle of the fourteenth century. During the fifteenth century the Geographical explorations, sea-voyages, colonial expansions, establishments of plantations by European countries like Spain, Portugal in Caribbean islands, North and South America spread European diseases like small pox which ravaged the native American and Caribbean population significantly. The frequency of epidemics seemed to have increased substantially during 19th century, particularly in Asia, starting with Cholera pandemic in 1817 in Russia, India, China, Japan and spreading across Italy, Africa, Germany, the plague epidemic China, Hong Kong, India in 1855, and then Measles pandemic in 1875 which killed almost one-third of Fiji's population, and finally in 1889 the Russian flu which affected large population in Russia, North America, Africa. In 1918 the Spanish Flu pandemic killed almost 50 million people in Europe and America. In 1957 the Asian flu, thought to have originated in Hong Kong caused almost one million deaths across Europe, America. In 2003 SARS, again originated in China, killed almost one thousand people. Again we are going through another revival of SARS in the form of Covid 19 Pandemic during 2020 which has already killed lakhs of people across the globe.

Literary

Literature delves deep inside the complex socio-cultural responses during epidemics or pandemics. These responses are not just fictional accounts of certain fictional characters. They try to participate in the larger cultural responses made continually by human beings at different ages at different contexts. Margaret Healy in her *Fictions of Disease in Early Modern England: Bodies, Plagues and Politics* feels that both *Paradise Lost* by John Milton and *Inferno* by Dante foreground the 'socio –culturally constructed nature of explanations of disease, and literature's important participation in that process.'(2). Ancient classical European literary texts like *Iliad*, *Odyssey*, *Metamorphoses*, sixteenth and seventeenth century Elizabethan poetry and plays like

The *Rape of the Lucrece*, Shakespearean plays, plays by Marlowe, Jacobean plays like *The Duchess of Malfi* are abundant with the corrupt, contagious imagery to signify the extent to which contagious atmosphere compels the crime, injustice, immoral behaviours. Medieval magicians, legends like Faust often claimed to have advised medical prescriptions to prevent epidemics like plague. For instance, in *Doctor Faustus* by Christopher Marlowe, the great blank-verse playwright plague in London during 1665. The French Novel *La Peste (The Plague, 1947)* by Albert Camus shows the Existential crises faced by human society during the epidemic of plague in French-Algerian city called Oran in 1849. Examples in literature could be unnumbered. These fictions are not just stories but rather show complex human response towards the mass disease in much more realistic ways.

Citing the *A Journal of the Plague Year (1722)* by Defoe, *The Plague (1947)* by Camus, Jennifer Cooke claims that 'A proliferation of diseased disorder and social chaos breeds a proliferation of tyrannical measures of control and totalising discourse of disease cause and cure' (6). Cooke finds resemblance between the texts by Camus and Defoe in that both constitute 'forms of narrative witnessing which play upon and blur the usually strict boundaries that divide history from fiction' (17).

and contemporary of Shakespeare, the protagonist Dr. Faustus claims that his medical prescriptions have been utilized by authorities to dispel plague from different cities in Europe, especially in Wittenberg. *Inferno*, the part of fourteenth century epic *Divine Comedy* by Italian writer Dante Alighieri, is also based on the Black Death in Europe which caused a severe impact on demography and history of Europe. *The Decameron (1353)* by Giovanni Boccaccio emphasises the importance of cultural interactions for people who are isolated due the Black Death. *The Last Man (1826)* by Mary Shelley, an English novel, tries to present a future vision where human race is ravaged by deadly pandemic. *A Journal of the Plague Year (1722)* by Daniel Defoe, is a perfect example literary text where historical facts and fiction have been blended to show the first-hand experience of the horrible bubonic

Socio-Political Gaze and Foucault

Michel Foucault in a much more convincing way combines socio-political perceptions with Post Modern ideas of knowledge. He emphasises upon political consciousness in the face of epidemic. Jennifer Cooke, in her *Legacies of Plague in Literature: Theory and Film*, refers to Foucault who believed that the change in approach from exclusion of patients to inclusion like quarantine helped in devising new direction for modern governance and medical treatment of epidemics. Foucault in his *The Birth of the Clinic: An Archaeology of Medical Perception* asserts:

'The first task of the doctor is therefore political: the struggle against disease must begin with a war against bad government' (33).

Foucault distinguishes individual disease from epidemic in the sense that 'Being a collective phenomenon, it [Epidemic] requires a multiple gaze' (25). Paradoxically, epidemic for Foucault has a kind of 'historical individuality' (25). He emphasizes that it requires a close analysis of 'its special, accidental, unexpected qualities' (25). He feels, unfortunately doctors have to constantly worry against human disease, misery which arise directly or indirectly by injustice, inequalities nurtured by the tyranny and bad governance. Foucault insists on multiple gazes towards epidemics since they constitute unpredictable aspects; he emphasizes the role of administration along with physicians during the Quartan fever in Paris in 1785; he claims, 'a medicine of epidemics could exist only if supplemented by police' (25). He demands state sponsored research teams of doctors who would look into the multiple aspects of mass disease, from astronomical, topographical, physical, chemical to historical; he also demands a mass policing of 'health regulations' (25) to be preached and recited even by children; in a way , he

demands, a mass awareness to prevent contagious diseases. And state can't shun its role. Yet Foucault thinks, the myth of modern science creating a world without disease, epidemics was bound to be broken; it was much 'day-dreaming' (34). In fact, he posits, medical knowledge is subject to multiplicity of observations like other cultural phenomena or else it will remain 'probable and uncertain'; he wants multiple observations from different perspectives to be considered.

'Medical certainty is based not on the completely observed individuality but on the completely scanned multiplicity of individual facts' (101).

What Foucault suggests is to have a fresh Post Modern perspectives on the limitations of society, administration and of course that of modern science; the more it seems to make progression the more elusive science becomes since science is not autonomous and is subjected to society and civilizations' approach towards it.

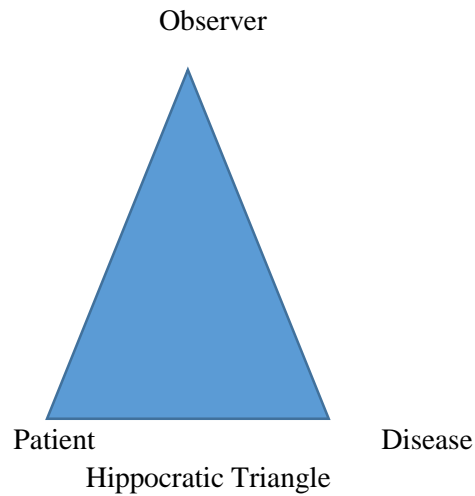
Phenomenology and disease in Post Modern views

Post Modernism rejects any fixed view of history, culture, society and even the core of knowledge. Pandemic crises like Covid-19 again make us uncertain as to the supremacy of science or culture and the knowledge pertaining to them. Nothing can assert the fixity, stability of scientific or cultural solutions. What civilizations can do is to explore the present and past phenomena to find a transient escape from the crises. The really lived experience of those who are involved in this crisis should be explored. That is why Phenomenology, as 'science of lived experience', as a philosophy of direct experience, could be explored in terms of disease perceptions by different aspects of human perspectives; this branch of philosophy was pioneered by German philosophers Hegel and Heidegger who reject Platonic idealistic discourse of observing any phenomenon. Mass disease, individual sickness, illness could be and are seen from ends of society, doctors, researchers, administrators, political leaders, common anxious people, relatives and friends of the diseased, victims of infections, epidemics, endemics, pandemics, and of course helpless innocent victims of the same. They resort to the philosophical suggestions made by Husserl and Heidegger, exponents of Phenomenology. (12) We could resort to the argument that Phenomenology is the science of lived experience', not just an intellectual discourse based on assumptions but on real-life, actually experienced perceptions. No human crises should be dealt just with intellectual debates; how do the involved agents, victims play their roles according to their perceptions. Crises like pandemics, epidemics involve patients, doctors and officials, relatives of the patients and of course common people who are potential patients. Complexity of perceptions arise due to cultural, religious, social, rational contexts of these agents. Each agent has its own limitations and cultural, rational relativity which makes crises like epidemics and the responses towards the mass disease much more complicated and unpredictable affair.

The Hippocratic triangle and Post Modern uncertainty

It is from this phenomenological view we could have a review of the famous Hippocratic triangle since it pays much attention to the relationship between science and society, among doctors, patients and the disease itself. Each becomes observer and observed by the other ones. As claimed by Jacalyn Duffin (24,25), the Hippocratic triangle consisting of a) Patient, b) Disease and c) Observer cannot be claimed to be no more constant than the progress of scientific perception in this era of Post Modernism. The role of the observer could be played by multiple agents across time, culture, society; it could be priest, God, society, king, queens, rulers, governors, governments, doctors, administrators, researchers, scientists, science and finally an unknown, infinite numbers of combinations of these agents. Duffin proposes to alter the number of other two agents- Disease and Patient with even the observer keeping constant; this would

certainly result in a strange and interesting perceptions about Pandemics, Epidemics across time and culture. Foucault suggests these multiple observations from multiple perceptions.



Duffin envisions more complexity in present era by suggesting that ‘The picture will be even more complex when observers and patients are numerous. These differences can appear even when time, place, and culture are constant’ (25). To illustrate the complexity of cultural and administrative complexity we may refer to Colonial India. British India had a history of resistance against any effort **by the British** authority to impose strong restrictions, disciplines, rules for an effective solution to epidemics like Cholera, plague during 19th century. The racial term ‘Indian Cholera’ was used by the West although history suggests it to be imported by Russian and British army officers into India. Religious and community mistrust obstructing policy implementation regarding health, disease control, and vaccination had a long history in India. In most cases government, to some extent, had to dilute its steps, measures and grope for other alternatives like appealing to the religious leaders, appeal for self-isolations, quarantine etc. which to some extent limited the impact of the epidemics. In his article published in *The Wire* entitled ‘India's Tumultuous History of Epidemics, Religion and Public Health Policy’, Kiran Kumbhar illustrates how British officials had to face community resistance from both Hindu and Muslims during the Cholera -epidemic in India during nineteenth century; the British had to reach out to the communities for effective measures. Kumbhar quotes from the speech made by Margaret Chan, the then chief of WHO in 2015; Chan referred to the Ebola crises in Africa and said “the outbreak will never be brought to an end in the absence of full community engagement and cooperation.

Individual efforts and observations often played crucial role in changing medical perception. For instance, if we are allowed to go back to the Western history of medicines, Galen of Pergamon (129-216CE) , the Greek physician and philosopher, must be mentioned ; he challenged the established views which were purely conjectural. As in his article on ‘Galen’ Donal L. Wasson writes, he believed in research and experimentations. He treated famous patients like Marcus Aurelius, Septimius Severus and Commodus. He ,although believed in the propositions by Plato, Herophilus, Erasistratus, defied certain traditional treatments supported by the Greek and Egyptian ; he challenged the treatment of the endemic caused by small pox, which affected Rome after the great Antonine Plague; Romans believed that bathing in human urines could cure this disease of evil; he studied individual cases and its symptoms; he also challenged the views that heart had cognitive faculties, not the brain; he was termed by Aurelius as the “best of physicians and the first of philosophers.” Probably his critical and experimental thoughts inspired Aurelius to call him so. Wasson, an ancient history teacher at Lincoln College, firmly believes that Galen revolutionized the medical science by his attitudes and new perception towards patients which

were the result of his sustained observations upon disease- symptoms and patients. Of course, in this Post Modern age, nothing could be claimed to be constant, fixed, even the knowledge of diseases, epidemics, pandemics, patients; diseases will have to be studied, explored scientifically, experimentally, objectively as far as time, technology, politics, society allow us. To do so fresh observations regarding the spread of contagion and its effective prevention in different socio-cultural context have to be done along with scientific research. Even if the cure in the form of medicine, vaccine is achieved, its effective, smooth application requires multi-dimensional measures.

Conclusion

So history proves that epidemic had been presented as a means to accuse the socio, political, religious opponents. Rich accused the poor, the poor the rich for their greed and exploitations, majority the minority and vice versa. This historical crisis is nothing less than an enigma, a paradox like John Keats's poetry. If technology of modern science in the forms of faster communication spreads the pandemic faster, only science can heal it permanently with a vaccine; If any scientific research, for whatever purpose it has been, invented Covid19, only an advanced research laboratory can cure it; so far diseases have been kept in Epidemic or Endemic levels , keeping the developed urban civilizations out of their reach, now the urban developed civilizations seem to be the worst sufferers; the weak' virus Covidv19, as claimed by many experts, has claimed the greatest attention and focus of the world as an invisible enemy ; it's extremely ironical that human beings, at least 'civilized urbane and developed' ones , choked the air, environment with complete nonchalance and audacity, are now being choked out of breath on Earth. It seems, to survive this crises, challenge, human beings have to adapt, evolve and become fit through changing the life styles, environment activities; relations with nature must be sustainable and conducive for all creatures, earth.

Yet today, I think, the largest threat to quarantine or other social distancing steps and other WHO guidelines to contain epidemics, pandemics is the poverty and mal- distribution of employment opportunities. The poor labour class feels desperate to survive somehow in their own villages; the scope of Indian urban culture and industry owners have again failed to shelter the rural migrant labourers; they are desperate to return to their own lands as uncertain future and hunger are worse than any epidemic; poverty is the worst epidemic for the unsustainably developed Indian society. This socio-economic reality combined with cultural responses in India often confuses the policy-makers, administrators, authorities, doctors, researchers in finding the solutions to prevent the mass spreading of any disease.

Certainly the Hippocratic triangle today gets more complicated with the increasing number of observers. We have now Public Health organisations from WHO to state levels health institutes. These are more or less guided by politically motivated governments; we have pharmaceutical companies, medical research institutes which are more or less guided by commercial interests; we have international , national, local media in all forms to inform or misinform the people; so observers are numerous; whereas the number of patients are as diversified as there could be; we have both symptomatic and asymptomatic patients; we have potential , disguised patients; patients often may not be detected and recognised as patients; we have both careful, disciplined and careless, misbehaving patients; and most importantly we have doctors, nurses who themselves become patients and victims; so the situation in twenty first century is not just about the linear relations implied in Hippocratic triangle . The responses and phenomenological perceptions of these entities from doctors to patients determine the effectiveness to deal with mass diseases and the responses are shaped by the culture, knowledge, philosophy, attitudes, awareness, degree and sense of hygiene nurtured by the mass or people of

the particular place and society at a particular time. Only scientific research, discovery of vaccines could end Covid19 yet again we may have to face Covid 20 or 21 in near future. As Foucault said it is absurd to believe in Utopian myth that mere science will end disease. Disease will exist as long as the present form of civilizations exists. What we need is multiple perspectives to subdue this eternal reality called mass disease.

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