

On Susan Sontag and medical language

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In his affectionate yet balanced obituary tribute to Susan Sontag (*Panace@*, No. 20, pp. 179-182, <www.medtrad.org/panacea.html>), John Dirckx observes, “her writings on medical language and AIDS, by raising the consciousness of a generation to the pernicious interaction between metaphor and public and private perceptions of what it means to be sick, wrought what promises to be an enduring influence on lay and medical journalism.” Particularly disquieting to Sontag was the employment of battle imagery to describe disease. She abhorred metaphors of war, containment, and attack, arguing that they served only to stigmatize the suffering. In many respects she was right. But Sontag’s blanket condemnation of war language is also problematic. Chastising its use, she failed to understand that under certain conditions disease-as-battle imagery is both plausible and “defensible.” More than that, crisis situations are almost bound to provoke it. For that reason, Sontag’s influence on lay journalism and, *a fortiori*, on lay culture will be minimal.

Perhaps the key limitation of Sontag’s approach is that it is principally concerned with diseases—TB, cancer, AIDS—that tend to affect individuals segmentally rather than with diseases that, presaging collective death, abruptly strike simultaneous fear into whole communities.^a For there is clearly a difference between contracting cancer—a disease that has become part of everyday death—and being subject to, or terrified by, a mass emergency that cuts across all sectors of the population, as in the outbreak of bubonic plague in San Francisco in 1900, or smallpox in Montreal in 1885, or Hong Kong in 2003. In Hong Kong’s case, “battling” SARS, martial imagery was ubiquitous both in the media and in public discourse.^b Here it makes sociological sense to treat military language not as an object of a priori detestation, but as an index of emotions that are themselves socially explicable.

Sontag also appears to believe that the genesis of germ theory, and the tandem development of immunology, popularized disease-as-war language,^c a point also made by Ludwik Fleck ([1935] 1979). Yet one should note that such language is much older than the germ theory. Consider two of the greatest documentary novels about disease in the Western literary canon. When Alessandro Manzoni wrote about the plague that struck Milan in 1630, he described a death that was “swift and violent” (Thucydides also remarked on plague’s “violent spasms”) and of a disease that was “threatening, and actually invading, a country and a people.” Significantly, the historical sources on which Manzoni relies recount that the first person to introduce the epidemic into the city was a soldier, either from the garrison of Lecco or Chiavenna. Manzoni was writing two centuries later, but still fifty years before the germ theory began to be popularized.^d

Or consider Daniel Defoe’s *A Journal of the Plague Year* ([1722] 2001), a reconstruction of the plague that swept

through London in 1665. The book offers a bonanza for students of early eighteenth century thinking about disease contagion. Also telling is the language that the author uses to depict the chaotic scene. The pestilence that stalks the terrified denizens in a time of “extremity” (168) is “like an armed Man” (xv.), an “enemy” (135, 188, 189, 233) a “walking destroyer” (192), an “arrow that flies thus unseen,” (192), a site of “violence” and “injury” (147, 204), “fury” and “rage” (150, 158, 163, 225) that subjects people to a state of “siege” (189). They must “guard” against it (204) and do their “duty” (224). Or as Defoe puts it, “A plague is a formidable enemy, and is arm’d with terrors, that every man is not sufficiently fortified to resist, or prepar’d to stand the shock against” (223-4). The fact that while the English “stood on ill terms with the Dutch, and were in a furious war with them” they also “had such dreadful enemies to struggle with at home,” made matters even worse (202). The point is worth exploring further.

Throughout human history, epidemics and warfare have had close connections; as such it is no surprise that they share a common visceral language. Both endanger whole communities by threatening to throw them into total disarray or by extinguishing them. Without any pretensions to being exhaustive, let me itemize some key macrosociological relationships beyond the quantitatively obvious that disease and war are two prodigious killers of human beings.^e

To begin with, epidemics accompany war in a deadly symbiosis. This is not only because war casualties are more vulnerable to disease but principally because war provides two conditions that conduce maximally to high disease virulence. The first condition is *host density*: the fact that wars typically concentrate manpower in congested barracks, hospitals, ships; mass drills and parades; trench and other troop dispositions; and besieged cities jammed with those who have fled a marauding enemy. Today, people with influenza are typically advised to stay at home and thereby restrict contact with others. The exigencies of war are less delicate and sensible. Even when soldiers too sick to fight are removed, they have usually by that time passed on their illness to others. The greater the density of troops, the more likely pathogens will be transmitted and become more virulent since, in evolutionary terms, their survival is not imperilled by kill-offs.

Second, war produces *cultural vectors* that increase the incidence of transmission by increasing its mobility. The movement of wounded or diseased persons on horses, in ambulances, trucks, trains and other vehicles carries infection to those who are still well (nurses, guards, families, etc.). Equally, the traffic of replacement soldiers to the disease-ridden front offers an apparently inexhaustible store of manpower for pathogens to consume. Originating in Haskell County, Kansas, the first major outbreak of the Great Influenza pandemic that

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proceeded to kill between 30 and 50 million people worldwide began among soldiers in the United States in the spring and summer of 1918. However, it was only in the fall of 1918 that the influenza produced its “notoriously high lethality” because it was there it first encountered an environment rich in virulent possibilities. We are accustomed to think that evolution is a process glacial in its speed. But give disease the right conditions, allow it ample channels to pass from immobilized patients to susceptible surrogates—and virulence can increase exponentially.^f More generally, it is worth recalling that until World War II, “more victims of war died of war-borne microbes than of battle wounds... [T]he winners of past wars were not always the armies with the best generals and weapons, but were often merely those bearing the nastiest germs to transmit to their enemies.”^g

Disease is also promoted by military conquest and empire-building. It may happen, for instance, that war provides the nexus of conditions propitious for triggering disease. Such was the case with the Black Death (the bubonic plague) of the late Middle Ages. The pandemic that was to wipe out between a quarter and a third of Europe’s total population in just under five years broke out among the Mongol armies besieging the Crimean city of Caffa in 1346. While those armies withdrew sick and in disarray, the plague nonetheless entered Caffa from whose port it was then dispersed to the Mediterranean and from there carried to northern and western Europe. Alternatively, disease can be transferred from one relatively immunized population to a society whose previous isolation has left it physically unprepared for pathogenetic collision. It was the corporeal presence of the Spanish, rather than evil intentions, that was most responsible for the virtual annihilation of the Amerindians of Mexico, Peru and Guatemala after 1518. After smallpox had killed a third of their total population, measles and other diseases followed. It is estimated that the Mexican and Peruvian population was diminished by 90 per cent within 120 years. Natives of North America were later similarly destroyed by the diseases of Europeans (McNeill [1976] 1998: 177, 213; Porter [2002] 2003: 11).

Finally, disease fighting poses complex, and often contradictory, demands on the state or on its political precursors—the collective actors responsible for organizing, equipping and waging war. In some circumstances, disease enables a state to enhance its power and legitimacy. A well-documented case is the British response to the cholera bacillus in the 1830s and 1840s. Before that time, British authorities were impeded in their attempt to improve sanitary and other arrangements not only by the prevalence of the miasmatic conception of disease but also by a powerful “libertarian prejudice against regulations infringing the individual’s rights to do what he chose with his own property” (McNeill: 276). Fear of cholera helped undermine these objections and brought into being such powerful regulatory bodies as the Central Board of Health. This in turn strengthened the British state. Equally, the “closer one gets to eradication” of disease, the more civil liberties are sacrificed as, for instance, in cases where people’s homes are compulsorily fumigated or, as in pursuit of the World Health Organization’s (WHO) “war against smallpox,” individuals

are forcibly vaccinated (Ewald 2002: 74-5). Coercive quarantine measures are another example of the state using its muscle to deprive some of freedom in order to protect the lives of others.

Conversely, disease can threaten the state by compromising its ability to fight war—Thucydides remains an insightful observer of this phenomenon—or by eroding its administrative and material resources, leaving it bereft of authority. This was the case in Hong Kong during the SARS crisis of 2003 and, to a lesser extent, in the People’s Republic of China as a whole (Ma: 2003). Where an epidemic disease is dangerous enough to require mass emergency response, it takes on the dynamics of “disasters” more generally.^h Another way of putting this is to say that wars and mass epidemics, like other disasters, challenge the state’s most basic claim to legitimacy: its claim to provide social order and to protect citizens from each other and the depredation of “outsiders.” If provision of security is the primary *raison d’être* of the modern state, it follows that ruling institutions that fail to provide it are likely to become destabilized. Disease control has also become so integral to the state’s regulatory capacity that it must increasingly be factored into its geopolitical considerations and into the international legal regime. This *microbialpolitik*, as David Fidler (1999:18-19, 279-309) calls it, has become urgent with modern communications, effortlessly transporting diseases around the world, and with the threat of biological and other weapons of mass destruction.ⁱ

In sum: disease-as-war language does not always stigmatize. Even as a media frame, it expresses something real and urgent: the perception that people face the possibility of collective death. Criticism of this language is no substitute for grasping its significance for social actors caught-up in extreme situations.

Notes

^a More accurately, diseases like AIDS can be either an individual or a communal fate, and sometimes both. Hence, to the degree that homosexual men in the 1970s congregated in the same areas and had sex with the same partners, one could talk, somewhat loosely, of AIDS being a community disease. Villages in Africa and Asia that have since been ravaged by AIDS also show how it can become a community-wide disaster. Finally, individuals with a disease may create microcommunities through forming self-help groups or advocacy organizations.

^b See Baehr (2004).

^c “The military metaphor in medicine first came into wide use in the 1880s, with the identification of bacterial agents of disease. Bacteria were said to ‘invade’ or ‘infiltrate’” (Sontag 1990:65-6).

^d The quotes come respectively from Manzoni ([1827] 1972:574, 569).

^e By disrupting society, shattering its controls and breaking down its taboos, war also unleashes revolution, pogrom and “ethnic cleansing” which kill millions more.

^f I am drawing on Ewald 1994: 110-118. On the Great Influenza, see Barry (2004) and Crosby (1989).

^g Diamond 1997:197. Porter ([2002] 2003: 129) remarks that the

sophistication of modern surgery, especially plastic and reconstructive surgery, owes a great deal to the victims of war and traffic accidents. Blood transfusions, first carried out in the seventeenth century, were also a war invention.

^h On the nature of these dynamics, see Olson 2000, and Shefner 1999.

ⁱ Fidler (2004:7, 42-68) calls SARS the “first post-Westphalian pathogen.”

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Filología

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A muchos les dice muy poco. Trata de idiomas, escritos y tradiciones. Quienes la han estudiado suelen dar clase, sobre todo de Inglés. Filología...

Algunos opinan que es mejor tenerla a raya de la traducción. Filología significa para ellos introducciones pesadas, bibliografías y notas a pie de página. Los originales —creo que piensan— serán importantes, pero así aburren, y las versiones se atragantan. «Traducción filológica».

En las universidades españolas siempre ha habido Filología, pero ahora también estamos nosotros: Traducción e Interpretación, un área nueva. Historia no necesitamos mucha, y lingüística, depende. Eso sí: estamos muy atentos a las nuevas tecnologías y a las necesidades del mercado. El futuro ya está aquí. ¿Filología?

Traducción e Interpretación se emancipó hace años. Tenemos nuestro espacio institucional, licenciatura propia, revistas científicas, proyectos subvencionados, simposios... Como los de Filología. Pero sin filología. ¿Retórica? ¿Exégesis? ¿Crítica textual? ¿Límites de la interpretación? ¿Lenguas clásicas? Viejas disciplinas que interesarán a juristas, a expertos en comunicación y publicidad o vaya usted a saber a quién más, pero a nosotros no. Filología, no.

Lo nuestro es trasladar dichos, orales o escritos, a través de las lenguas. Para eso, estudiamos idiomas y sus culturas. Otros conocimientos diversos siempre vienen bien para enterarnos. (¿Filología?)

Porque la labor consiste en enterarse de lo dicho en ciertas circunstancias, y recomponer, en otro idioma, sus elementos semánticos y expresivos. Interpretamos y fijamos decires atendiendo a contextos y a perspectivas. O sea, filología.

Estamos comenzando a descubrir el Mediterráneo. Es saludo.

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