Governments may Damage your Health

The FitzPatrick Lecture 1984

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For a Harveian Librarian it is a particular honour to give the FitzPatrick Lecture. It was a former Harveian Librarian, Dr (later Sir Norman) Moore, who as 'an intimate friend' of Dr Thomas FitzPatrick is credited with the idea of a College lecture on the history of medicine. He declared in fine Victorian style that Thomas FitzPatrick’s 'intellectual attainments were the ornament of solid virtues, and (that) he deserves to be remembered with honour in this honourable place'[1]. It was another Harveian Librarian, Dr Joseph Frank Payne, who in 1903 gave the first FitzPatrick Lecture, early in which he stated ‘this lectureship owes its existence to the munificence of a lady, Mrs FitzPatrick, who desires in this way to honour the memory of her late husband, Dr FitzPatrick, member of this College, a physician of great worth, learning and accomplishments’[2]. My brilliant and much-loved predecessor, Dr Charles Newman, gave the lectures in 1954 and 1955 and again in 1968, and also in 1958 gave an 'unofficial' FitzPatrick lecture to members of the College, in which, characteristically, he summed up the man in these words: 'Dr Thomas FitzPatrick was a pleasant person, a congenial companion, an able linguist, perhaps a good doctor, but his immortality results from the fact that his wife was fond of him'.

Thomas FitzPatrick was born in 1832 at Virginia, a small Irish country town. He qualified in 1856, won the silver medal of the Dublin Pathology Society in the same year, graduated MD at Trinity College, Dublin, in 1862, obtained his MD Cambridge in 1867 and his MRCP in 1868. There are three biographical details of relevance to my subject. FitzPatrick was rather more than 'an able linguist'; in Latin and Greek he was a classical scholar far above the average; he spoke Italian, German, French and Spanish, and had some knowledge of modern Greek, Hebrew, Turkish and Danish; he was clearly a man who made an effort to understand his fellow men and to meet them on their own ground. The second point is that soon after qualifying he joined the East India Company as an Assistant Surgeon, saw service in Bengal, and no doubt would have made his career in India but for a severe illness, after which he was persuaded to enter practice in London; he had therefore some insight into the conditions in which vast numbers of poor people were living in the Indian sub-continent. The third point is that FitzPatrick, although successful in his practice in Sussex Gardens, and supported by English aristocrats with Irish connections,
service, of deep-rooted intellectual and aesthetic culture, of emotional development, of high social standards of behaviour, and of joy in shared experience and companionship. Patriotism in these terms promotes the well-being, the spice, variety and creativity of the human species. In contrast, nationalism, which in our modern world becomes more and more divisive, competitive and intolerant, poses an ever more critical threat to the very survival of humankind. Dr Lewis Thomas[4] recently described the infinite expression of individuality within most, if not all, living species; such ‘selfishness’ presumably has great survival value, but certainly not for our human species when carried to excess in chauvinism, racism, religious bigotry and self-righteous superiority. Aggressive nationalism is as dangerous to the human species as is a cancer, a cardiac infarct, or an inevitably fatal genetic defect to an individual. In our present wretched state of world affairs we may have to accept that it is impossible in our lifetime to achieve peace or non-violence or social and economic justice for the greater part of the earth’s population, but in regard to the gross inequalities in the enjoyment of health throughout the world, I suggest that we could do a great deal more than we do already, but that if we leave it to government, we shall wait in vain. I believe that professional, united and non-controversial effort to relieve avoidable ill-health and prevent disease might even put world politics on a new course, away from confrontation and destruction, and towards co-operation and even optimism for, in the words of Addison, ‘Health and cheerfulness mutually beget each other’.

National Defence against Pestilence

Nations learned early in history to fear pestilence coming from foreign lands. For most countries diseases such as plague, cholera, typhus, smallpox and syphilis came from elsewhere, so that strangers and foreigners were readily associated with suspicion and dread. That the fears were justified may be illustrated by the role of plague in the overthrow of Athens, of malaria in the decline of Rome, in the slaughter of at least a quarter of Europe’s population by probably pneumonic plague in the Black Death of the fourteenth century, and by the death of about one-fifth of London’s population in the Great Plague of 1665. In the middle of the sixth century, when plague was killing tens of thousands throughout Europe, the Emperor Justinian, among his many other laws for the better ordering of society, imposed regulations to ensure that travellers arriving in Constantinople from plague-stricken countries should be held in special camps until they were ‘purified’ and appeared to be free from disease, when they were released with a certificate of health.

Protective measures were taken within countries as well as between them: for example, a cordon sanitaire was imposed in the seventh century in Provence, by Padua and in Poland in the fourteenth century, and directed with terror-driven savagery around Marseilles in 1720. In England in 1625 the Court moved to Windsor to escape the plague in London and a gallows was erected to hang anyone who dared to follow. When Napoleon, returning from the Egyptian campaign, disembarked at Fréjus in 1799, without permission, the local ‘Sante’ in Marseilles seriously considered having him shot.

Attempts to exclude ship-borne pestilence appear to have been initiated by the island of Rhodes in 1306, followed by the city of Ragusa (now Dubrovnik) in 1377; ships coming from lands where plague was endemic were held under observation at sea, at first for 30 days, and then by Venice from 1403 onwards for ‘quaranta’ (40) days—a period seemingly arrived at on no more scientific a basis than that that had been the period spent in the wilderness by Moses and by Jesus. The Venetian quarantine of 40 days was soon copied by Genoa and Marseilles and then by ports in England. In the eighteenth century two famous Fellows of the Royal College of Physicians became outstanding authorities on quarantine, namely Richard Mead (1673-1754) and Gilbert Blane (1749-1834). Under the British Quarantine Act of 1710, a ship found to be carrying passengers with plague or cholera could be forfeited and burnt. If sickness was found aboard the victims were isolated in lazarettos where gunpowder smoke and vinegar were used against contamination, and the attendants wore oilskin suits and wooden clogs and handled everything with tongs; the doctors were encouraged to fortify themselves with a few glasses of wine before seeing the patients, though it was usual for them to employ or blackmail students to carry out the actual examination.

But nations were no less self-centred and competitive in those days than they are now. Very soon quarantine became the excuse for exposing the ships and crews of commercial rivals to bureaucratic delays, extortion, accusations of spying, and what was known as ‘rummaging’, that is inspecting the cargo in such a way as to spoil or ruin it. As a major maritime power, England was intolerant of delays and inspections; when, at the first International Sanitary Conference, a British delegate declared that ‘time was money’ a Spanish doctor replied ‘but public health is gold’. In 1854 Pacini in Italy described the cholera vibrio as an ‘organic, living substance of a parasitic nature, which can communicate itself, reproduce itself, and thereby produce a specific disease’ and he worked out the dynamics of dehydration. All of which, he said, was received with ‘a sardonic smile of compassion’ and 30 years later the vibrio had to be rediscovered by Koch. When the water-borne communication of cholera was clearly described in England by Snow in 1849 and Hassall in 1855, the British led the way in refusing to recognise such inconvenient facts. As The Times put it, ‘We prefer to take our chance of cholera and the rest than be bullied into health’, and the Royal College of Physicians, in a report as late as 1892, dismissed all idea that cholera might be contagious. But the British were the first to impose common-sense regulations for the observation of contacts in preference to the centuries-old and now discredited rules of international quarantine.

International Sanitary Conferences

The dominating consideration in all the early health measures between countries was national self-preserva-
tion and self-interest. This was still true when nations began to exhibit concern for what was actually happening in other countries in regard to epidemics. For example, in 1847 the French stationed medical men in Constantinople, Smyrna, Alexandria, Cairo and Damascus to give France advance warning of the approach of epidemics of plague and cholera. Later in the century Adrien Proust (1834–1903), the father of Marcel, advocated control of pestilential diseases at their source in endemic centres, in preference to quarantine. It was a Frenchman also, Séguir du Peyron, Inspector of the French Sanitary Service, who proposed in 1834 that an international meeting be held to try to bring some agreed international order into the confusing multitude of both national and individual port quarantine regulations, but this was at first vetoed by Austria on the grounds that there was no basis for co-operation. Such a meeting eventually took place in Paris in 1851, the first of 14 international sanitary conferences[5] to be held, at intervals of two to 15 years, right up to 1938.

At that first conference, each of the 11 participating nations was represented by one diplomat and one doctor and each had an individual vote, so that a country often disfranchised itself. After six months it was said in the closing speeches that much had been ‘gloriously accomplished’, and each delegate received the Legion of Honour. The practical results, however, were nil.

But the French had at least established for the first time that health was a suitable subject for international co-operation. At the Second International Sanitary Conference in 1859 the participating nations were represented only by diplomats, partly because the scientific questions were thought to have been settled and partly because at the first conference ‘the doctors had disputed too much’. However, at the Third Conference in 1866, medical scientists were readmitted because in the previous year cholera had spread alarmingly across the Mediterranean to Europe from Egypt. The Fourth Conference, in Vienna, was called by Russia to protest against vexatious hindrances to Russian shipping in the Bosphorus arising from Turkish abuse of quarantine regulations; and the Fifth was held in Washington in 1881, when the US Congress tried to prevent the introduction of yellow fever into the USA by insisting, though with no international legal justification, that certificates of the sanitary state of a ship must be obtained in all ports of origin before sailing. Only at the Seventh Conference in 1892 was there a measure of practical agreement in the form of an International Sanitary Convention. This was expanded to an impressive 184 articles at the Eleventh Conference in Paris in 1903, when the historical decision was taken, on a proposal by Adrien Proust, to create in Paris an Office International d’Hygiène Publique (OIHP). This began work at the end of 1907, at first with nine participating countries, but very soon with no less than 60. For 40 years it was to provide, always in temporary quarters in Paris, a first world assembly for a new breed of doctors: knowledgeable, experienced and concerned about the health of people wherever they were situated in the world, and prepared to communicate directly with each other, and not through governmental and diplomatic channels, in order to achieve improvements in health. On the governmental side, the French were still unable to get agreement even on the exercise of moral pressure: for the politicians’ sovereignty had to remain sacrosanct, and international co-operation was to be informational only.

**Health Organisation of the League of Nations**

At the end of the First World War, when among other woes 15 million people were dying of influenza, when Russia had some 25 million cases of typhus and people there were so starved that they were reduced to cannibalism, the president of OIHP, Santoliquido of Italy, commented sadly that ‘five centuries have passed in five years’, and he called for well-organised health services in all countries to repair the conscience of the world’. Article 23 of the Treaty of Versailles confirmed that member states of the League of Nations should ‘take steps in matters of international concern for the prevention and control of disease’. The League of Nations and its Health Organisation were both boycotted by the USA, which, however, contrived that the work of OIHP should continue, wastefully, in parallel. The USSR also did not recognise the League of Nations until 1934, but well before that time the People’s Commissar for Health, Semashko, consulted with the Health Organisation, saying that he was satisfied they were ‘dealing with humanitarian and not political questions’[6].

The Health Organisation is generally acknowledged to have been the one great success story of the League in the years between the two World Wars. Its work included epidemiological intelligence, collection and collation of medical statistics worldwide, study of methods of organising health services, interchange of skilled health personnel, joint action on epidemics, and co-ordination of scientific research, especially in regard to the production of therapeutic sera, tests for the diagnosis of syphilis, and the standardisation, efficacy and lack of toxicity of biological products. The Organisation also established expert committees on such diverse subjects as malaria, leprosy, maternal welfare, infant hygiene, nutrition, housing and rural sanitation. Try to imagine what a great stride forward this was in world civilization. Yet during its 20 years of high activity, the Health Organisation is said to have cost the member nations less than the price of one battleship of the time[7], and even then it relied significantly on private financial support from the Rockefeller Foundation.

**United Nations Relief and Rehabilitation Administration**

During the Second World War the United Nations Relief and Rehabilitation Administration (UNRRA) began work in November 1943, on Roosevelt’s initiative, mainly to provide help to the estimated 13 million people in Europe who had been displaced from their own countries, but it also demonstrated, in collaboration with the Rockefeller Foundation, the feasibility of eradicating malaria from islands such as Mauritius and Sardinia, and it acted for two years as the world centre of information on
epidemics. UNRRA’s efforts were described as ‘the greatest act of charity the world has ever seen’[8], but that did not protect it from the attacks made on Roosevelt and all his works, and there were the usual political stupidities; for example, when UNRRA arranged for desperately needed nurses to be trained in the USA, the United States refused visas to the Yugoslav trainees, so Yugoslavia, badly in need of aid, withdrew from the whole project. I find it sadly fascinating that the great United States should fear political contamination by a few communist trainee nurses rather than see the opportunity to impress them with the virtues of democracy and freedom.

The World Health Organisation

It is common knowledge, I think, that when plans were made at the end of the Second World War for a United Nations Organisation, no specific arrangements were made for health, despite the unique success of the Health Organisation of the League of Nations. The preliminary Dumbarton Oaks proposals referred to ‘international economics, social and other humanitarian problems’, but it was left to the initiative of the Brazilian and Chinese delegates to insist upon a World Health Organisation (WHO). Over the past 36 years WHO has striven to give reality to its principles: to aim, for all the earth’s people, at a state of physical, mental and social well-being, to set clearly in the minds of everybody—perhaps most importantly in the minds of doctors—that the enjoyment of health is a fundamental right of all individual human beings without distinction of race, religion, political belief or economic and social condition; to regard the health of all peoples as essential to long-term peace and security and a matter of co-operative concern among all nations; and to acknowledge that the achievement of better health by any one nation is of value to us all, that inequalities in world health constitute a common danger, that children’s health in every country is the basis of the well-being of society, that the informed opinion and active co-operation of the general public everywhere are essential to health; and that every government has a responsibility for the promotion of health.

The principles are all that the most idealistic of doctors could desire and WHO has had conspicuous successes, most notably in regard to smallpox eradication—though in that respect I still feel apprehensive, remembering from my own experience the inaccessibility of the highlands of Ethiopia where the disease was endemic. In practice WHO operates on an annual budget of around 500 million dollars, that is about one-thirtieth of the yearly cost of Britain’s NHS, and less than one-thousandth of the amount spent annually in the world on arming sections of the human race against each other. Unfortunately, WHO’s membership is governmental, and many nations wheel and deal for benefits of direct consequence to themselves, with neither the compassion, imagination nor vision to aim for the good of the world at large. Even health can be viewed by governments with indifference, suspicion and opposition. For instance, the United States’ ratification of the WHO agreement was delayed for two years, through fears of internationalism and socialisation of medicine; the Soviet Union and China boycotted WHO for seven and five years respectively; and at different times the politics of Taiwan, South Africa, the German Democratic Republic, Vietnam and Zimbabwe have mattered more than any regard for people’s health in those countries. Such obsession with politics and economics demonstrates the validity of my contention that even when governments are not actually damaging our health, they often reveal a neglect, even a contempt for what, after all, matters most in life to the individuals and families who together make up the human species.

Inequalities in World Health

The size of the problems relating to health on this planet are familiar to all: more than a billion people hungry to the point of failure of physical and mental development and resistance to disease; nearly a billion below a poverty line of £40 a year; a billion also debilitated by infestations with a variety of worms; 500 million exposed to malaria and schistosomiasis; 10-15 million with leprosy; 12 million blind; child deaths in the worst areas 30 times greater than in the more advanced places; 80 per cent of world diseases caused by lack of clean water; this and much more add to rural desolation, chronic fuel shortage, rapidly spreading urban squalor, widespread illiteracy, and the degree to which manageable afflictions may advance in the absence of medical care. This is surely enough, from a long catalogue of misfortune, to destroy, among doctors at least, any lingering sense of apathy and complacency.

What might be done to improve this situation? It is easy to condemn national governments for false priorities. But are we ourselves powerless, helpless in the face of national governments which think of their own people largely in economic terms and which are content, if not even secretly satisfied, to see the economic potentialities of other nations weakened by mass hunger, disability and disease?

International Organisations

There are organisations and there have in the past been individuals who have managed to influence a few governments to some extent in regard to medicine and health. I have already mentioned the Rockefeller Foundation, the Sanitary Commission of which did so much early in this century to overcome hookworm in the southern USA and whose International Health Board has so generously supported world health and medical science, including specific aid to at least five British medical schools, and which has claimed to operate its justifiably renowned fellowships ‘with freedom from political ends, international as much as national’. And as just one of many possible examples of important organisational contributions to world health, I must include the United Nations International Children’s Emergency Fund (UNICEF) which, when it gained the Nobel Peace Prize in 1965, had an income for that year equivalent to the then world expenditure on arms for two hours.
Individuals with Remarkable Influence

As for remarkable individuals, I can mention only a few of them. At the end of the eighteenth century Johann Peter Frank (1745-1821), working mainly in Baden, Lorraine and Lombardy, recognised that the strength of any nation ultimately depends on the health of its people; he demanded accurate statistics of births, marriages and deaths, and information on the extent of poverty, serfdom, child labour and the incidence of diseases. Frank also advocated a Supreme Medical Board to regulate the practice of medicine on an international basis, to supervise medical schools and hence the whole of medical and health systems. For him 'saving one single life must come to be regarded as a deed lofter than the bloody conquest of a province'.

Undoubtedly one of the greatest individuals to influence governments beneficially was Henri Dunant (1828-1910) of Geneva, who witnessed the horrific slaughter of some 40,000 Austrians and Frenchmen at the battle of Solferino, Italy, in 1859, and in particular noted the total inhumanity of the medical staff of the one side to the wounded of the other. Dunant's description of that terrible day, and his personal direct approaches to heads of state led in 1864 to the establishment by himself and five personal friends of the International Red Cross, and the general acceptance of the principle of treatment of casualties 'irrespective of nationality'. Dunant incidentally was also a founder of the International YMCA, actively deplored the use by Christians of rum, opium and gunpowder in colonial exploitation, and advocated in the middle of the last century the establishment of a national home for Jews in Palestine under a French mandate. When people had long forgotten him, he won the first Nobel Peace Prize in 1902.

Then there was John Howard (1726-90), the prison and hospital reformer, who deliberately chose to travel on a plague-infected ship to study the operation of quarantine, and upon whose tomb in Russia is written: 'Whoever thou mayst be, thou standest at the grave of thy friend'; and Florence Nightingale (1820-1910), with her passionate concern not only for British soldiers in the Crimean War and in India but also for all the natives in India under British protection, who wrote 'it would be a noble beginning to the new order of things to use hygiene as the handmaid of civilization'. Nikolai Ivanovitch Pirogov (1810-81) was Florence Nightingale's Russian opposite number in the Crimean War, a great anatomist and surgeon, founder of a school for nurses, who introduced health education into Russian schools and was also deeply concerned about the education and fate of minorities. Such great men as Pasteur (1822-95), Koch (1843-1910), and Lister (1827-1912), in the words of Sir George Buchanan[9] 'were all good patriotic nationals, but it goes without saying that their work was done for and taken by the whole world . . . their nationalities trouble us as little as those of the great composers'. And I would include Henry Pomeroy Davison (1867-1922) who, having directed the American Red Cross extremely well in the First World War, mistakenly believing that the public would continue to subscribe as generously, set up in 1919 the League of Red Cross Societies 'to anticipate, diminish and relieve the misery produced by disease and calamity, and to devise a world health programme'. Unfortunately, after four good years the money failed, though the League continues to play a valuable international role. Lastly, Dr Mahler, the present Director General of WHO, who has spoken of his wish 'to use health as a lever for social and economic development' and 'more than that, to use it as a platform for peace'.

The Role of the Medical Profession

Where does the medical profession stand in all this? From 1851 onwards doctors, especially those with research interests, began organising a great many international meetings. After the first International Medical Congress in Paris in 1867 the Lancet[10] noted that 'if after this trial an international medical gathering is ever again thought of, it could not take place anywhere but in the French capital' and considered it a pity that Latin was not kept up and spoken as the language of the learned of all countries. After the London Medical Congress in 1881 the Lancet[11] felt that 'the welfare of the whole human race was promoted'. No less than 8,000 attended the Medical Congress in Rome in 1894, which called forth another noble statement from the editor of the Lancet[12]:

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Fig. 2. Henri Dunant, founder of the International Red Cross.
'it was in Rome, according to Suetonius, that professors and practitioners of healing were first given the rank of citizens by Julius Caesar. It is in Rome that the profession is making another stage on its path to that still higher citizenship—the brotherhood of the nations, the citizenship of the world'.

Most of the congresses and conferences became established as regular periodic meetings of medical societies and associations. The Yearbook of International Organizations[13] for 1981 listed over 200 such bodies in medicine and biology and there are similar numbers of active medical associations in regions such as Western Europe; there are also many biomedical journals which have international boards of editors. The emphasis is naturally on the exchange of information about research, and the practising profession appears to be less internationally or globally concerned. Apart from the interests of the profession itself and regulations for ethical and professional conduct, as discussed in a body like the World Medical Association, or the admirable efforts of such international societies as the Ophthalmologists and Dermatologists, who organise prevention and relief in the 'Third World, there is little evidence that our profession views the intolerable burden of unnecessary or preventable disease afflicting a quarter of our fellow humans as an affront to our special skills and our humanitarian principles.

We have made some progress in establishing in the European Community at least minimal standards for basic medical education and specialist training, and have given some consideration to common standards of professional conduct, but we have a long way to go before such standards can be universally applied—and yet, why not? The medical profession is often regarded, as Bernard Shaw saw it, as 'a conspiracy against the public'. No tears are shed over anything which reveals the profession's weaknesses or its financial preoccupations. To secure and deserve a better reputation, and perhaps enjoy an easier conscience, could not the practising profession form an alliance of its members worldwide, preferably together with members of closely allied health professions, not to concern itself with status or conditions of service, but purely to take steps to reduce unnecessary suffering, prevent disease and promote better health?

An Alliance for World Health

I have in mind not an organisation of well-meaning 'do-gooders', but the highly efficient, multi-disciplinary, technical service of which we are capable[14]. Some two million doctors in the world, and many times that number of other health professionals, are not too small a body to exercise considerable influence, if they cared to cooperate. I have outlined elsewhere how I think such an alliance might be structured and financed[15]. Compared with the potential benefits the costs could, I believe, be comparatively low—a tiny fraction of the huge sum gambled away each year in the UK and almost negligible compared with what is spent daily in adding to already overwhelming armaments.

There would surely be a significant role for those who are rich in experience and have retired while still youthful in spirit. Even more importantly, such an alliance for service might well provide the best possible outlet for the undoubted ideals and energies of the otherwise unemployed young in all countries, who could act in support of the professionals and greatly extend their competence.

We are all sick almost to death of increasing nuclear tension, callous terrorism, criminal violence, racial hatred, religious fanaticism, ideological intolerance and nationalistic obstacles to freedom of movement. Migrating birds exploit the whole planet for the survival of their species; can the human species afford to do less? It seems to me that doctors are in a unique position to demonstrate to governments that by this stage in the history of the world nothing less than a global concern for human life is appropriate or acceptable. In determining that care and cure be extended equally to all who need them, we might give all people and governments grounds for a renewal of confidence and hope.

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