

World Health and Racial Equivalence.¹

SPEAKING to my colleagues at the Ministry of Health some five years ago, I remarked that the theory of statistics had become indispensable to one branch of science after another, but I still thought philosophy and history might get along without it. But that seems to be no longer true of philosophy. There appears to be a momentary point of contact between physicists and philosophers. That enigma, the "expanding universe", we are told, may now be explained by an initial explosion which scattered through space the multivariated particles composing matter. At any rate the present distribution of elements and their radio active isotopes and fragments seems to agree statistically with such a supposition.

Physicists, too, now say that even if we could know all there is to know about a particular radium atom or other unstable atom it would still be impossible to predict whether it would break up in the next minute or 1,000 years hence. All we can ever predict is that out of a million atoms x will explode in the next minute or y in the next 1,000 years. In other words we live in a statistical universe where the behaviour of matter does not follow any predictable laws in detail but only in quantity. This is just what statisticians have to say about living organisms. Although we can predict within narrow limits with a high probability of being right how many people in England will die in the month of June next year, a thousand specialists cannot say which people they will be.

We are told also that light and radiation may move by waves in some circumstances but in packets or bundles at other times; and that electrons may behave as waves instead of particles whenever they feel so inclined. To explain these strange things impressive phrases such as "complementary principle" or "uncertainty principle" are invented and all seems to be well—but how far we have moved since we learnt science at school!

Now comes along a philosopher and says that if this principle applies to the physical universe it may also apply to human free will. It would be odd if an electron had a sort of free will and a human being had none! Some fields of behaviour must be determined for us whilst others are free and unpredictable. If

¹ An address given to the Baptist Board on February 2nd, 1949. The speaker was expressing his personal opinions throughout, and no official significance is to be attached to them.

that means that some fields are a hundred per cent. determined whilst others are quite free, I feel sure the philosopher will be disappointed. Human behaviour is one of those things governed by a multiplicity of factors, which have to be given to statisticians to disentangle, if they can. The Prison Commissioners asked me in 1936 to help them find out what were the factors causing youths who had been apprehended for one crime to go and commit another. Four thousand adolescents at Wormwood Scrubs were followed up for several years, every conceivable thing about their history, race, physique, mentality, temperament and environment being recorded. We published the result in a volume entitled *The Adolescent Criminal* which not many people read. The conclusion was that defective heredity, lack of parental control, unemployment and bad companions all increased the probability that crime would be repeated; but when all the measurable factors had been taken account of there remained an enormous question mark, why did *A* do it again whilst *B* did not? So it will be with almost any field of behaviour studied. Genes, home, education, moral atmosphere and so on will be found to exert their pressures, but rarely will it be possible to conclude that "free will" does not operate at all in this field but only in that. Compulsion to play the piano was very strong in the Bach family, but some did other things.

The overriding power of example and precept, so long as it is maintained, in influencing behaviour is now being demonstrated in the hospitals of India, built up under the direction of British medical officers of the I.M.S. This influence was suddenly withdrawn in 1948 and according to reports which I fear are reliable a rapid degeneration has since occurred, and many hospitals have become insanitary. We may expect this to happen in countries which are being freed from so-called Western domination; but it does not mean that all races are not capable of attaining good standards of hygienic behaviour of their own volition. It means that unless there are strong incentives from within or strong pressures from without to raise the standards, progress if any is slow and painful; and that if pressure which has been applied is relaxed relapses will occur until they have learnt their own painful lessons. Nations grow up like children and learn best from their own mistakes.

Japan made rapid and immense strides in hygiene under rulers who were determined to raise her to a first class power in order to dominate the whole Eastern world. How quickly new standards of behaviour were abandoned away from home as the incentive weakened we saw in the war; but in Japan itself public health is still under rigid outside control. However, I was impressed by her response to a request we sent from Geneva for

her views on the proposed international classification of diseases. A dozen learned committees were set up there covering every field of medicine, and they sent us some very good suggestions for improving the classification. But maybe the intent was just to impress, I do not know.

Admitting that compulsions towards behaviour of particular kinds can be enormously strong, my point is that each human spirit still has some scope for the exercise of free will, differing in quantity according to the conditions imposed by race and systems of government, but never absent if the brain and nervous system are normally healthy. If scientists concede that free will exists at all, they will have to concede the whole position. And, as we know, there are no limits to what Christian faith can do in the individual towards removing the fetters from free will. Not all the darkness in the world can master that light; nor can all the suffocating pressures of totalitarianism and communism extinguish it.

History, I think, is still a subject which can be pursued without the help of statistical theory, though historians must, of course, make use of figures. There was an idea that history is so coloured by the bias of the historian as to be misleading. What is needed, it was said, is to collect together *all* the facts and then get an unbiased person to write an account of them. But even if the world had enough paper on which to record everything that every person had done, and even if any historian could then have digested it, he could only in the end interpret what it all amounted to by selecting what he thought important. And so the fiction of the unbiased historian had a short life. Few physicians have written histories, so not many people realise how great has been the influence of disease in determining the rise and fall of empires and civilizations. We read of decisive battles but not that they were lost through epidemics; we are told of revolutions and migrations but not that disease was the underlying cause. The book of *Exodus* does tell us in a picturesque way that by the 13th century B.C., the Egyptians had become so debilitated by plague as to permit the Jews to escape. The Hittite civilisation after existing 1,000 years was destroyed by a pestilence, probably small pox. The Persian invasions of Europe were defeated by dysentery. Such facts have been demonstrated by the researches of Professor Wynn and other medical historians.

The glory of Athens passed after her army was so decimated by diseases that she failed in her attack on Sparta. Rome was saved and enabled to build a civilization by an epidemic forcing the Gauls to abandon their siege of the citidal, and by another at Syracuse which prevented the setting up of a rival eastern mediterranean empire. A long time afterwards the Roman

Empire fell to pieces after the army sent to quell a rebellion at Saleucia brought back a pestilence, possibly smallpox, which raged for fifteen years, claiming Marcus Aurelius amongst its victims. Plague stopped the advance of the Hun in the fifth century, and defeated the German army in Italy in the eleventh.

The Black Death could not be ignored by any historian, for as Belloc says "it was the one approach to a break in the continuity of human history". After four centuries of its devastations, with twenty-five to fifty million deaths, the plague ceased at last in Europe about 1668, but went on in Russia. Its effects were profound, turning "the known world into a seething cauldron", hastening the Reformation and starting mass movements which led to discovery and colonization.

Malaria has been called "the greatest destroyer of the human race", and so great have been and still are, its weakening effects on some races that the whole course of history has been profoundly affected. In the recent world war we might well have been defeated in Burma after the disaster which deprived us of quinine supplies; but very fortunately new remedies were made by biochemists in time to save the situation. Malaria and other diseases nearly wrecked the North African campaign, causing four-fifths of the quarter of a million casualties; and had we lost Egypt the whole outcome of the war might have been different.

These examples suffice to make my point, that in the collapse of the dozen or so civilizations which have fallen, epidemic and endemic disease have played a most important part along with moral and religious decadence in sapping vitality. The depressing inference that Western European civilization must inevitably tread the downward path of Egypt, Greece, Rome and the rest, has not in my view any justification provided that another world war can be avoided and that our Christian foundation is not allowed to crumble away. People must be brought to see that this last is by far our greatest danger and that in reality the choice rests with us.

Just now I spoke of malaria as the great destroyer. In 1946 an experiment began in the island of Cyprus which changes the outlook. Using only hand tools and the latest chemical technique for destroying mosquitoes, one third of the island was cleared in that year, another third in 1947, and the work of virtually ridding the whole island of the vectors of malaria transmission was completed in 1948. If that is possible in Cyprus it can be done elsewhere. So great have been the advances in biochemistry in recent years that we have in our hands the means to rid the world of most epidemic diseases with the exception of tuberculosis and influenza. But the means we have can only be

used on an effective scale by international co-operation in the distribution of medical supplies, by education of those who are to apply them, and by enormous labour and determination to succeed within the countries affected. And that is where the World Health Organization must come in, and also where we as Christian citizens are soon going to be faced with a problem.

At the First World Health Assembly at Geneva last July, which I attended as a member of the United Kingdom delegation, I was impressed by two things. The first was the absence of racial and national animosities—and this applied to both sides of the iron curtain—which in a gathering of some 300 delegates from fifty nations was remarkable. The second was the evident fact that the white race may soon cease to hold the commanding position it has held for so long in world assemblies. For example, eighteen nations are elected to the Executive Board which directs the work of W.H.O. between one assembly and the next, and six retire each year. The first chairman is an Egyptian, and five coloured peoples, two South American Countries and South Africa were elected to the Board. At the end of the first year the curious position will arise that U.S.A., United Kingdom, Australia and Norway have to retire, and may not all be re-elected.

At the First Assembly health problems of the coloured peoples were accorded the same importance as those of the whites. Their right to health was looked upon as precisely the same as the right of the white people. This implies a revolution in the usual way of thinking whose effects upon us must eventually be profound. It is true that the white race has done much in the past to try to rid countries inhabited by coloured races of some of the great scourges. But, outside missionary work, the main incentive to do so has usually been to make those countries more habitable for whites who, for one reason or another, wished to trade or live there. That may sound brutal, but I don't think it can be denied; for no great concern has been shown, save perhaps in New Zealand and the Phillipines, if the coloured people were dying at two, three or five times the rate of the whites in the same country, so long as that did not endanger the health of the latter. But the new thesis that all races have equal rights to health will no longer tolerate such complacency.

To see what are the implications of this, we must look at the way in which different races are growing in numbers. During the last 150 years the world population has more than doubled. In 1800 it is believed to have been about 900 millions, Asia contributing about two-thirds, Europe one-fifth, Africa one-ninth, and America one-thirtieth. About 1935 it was thought to have reached 2,000 millions, Asia contributing a half, Europe a quarter, America one eighth, and Africa one-thirteenth. As the

white population grew from 200 to 750 millions the combined population of Asia and Africa grew from about 700 to 1,250 millions, keeping an absolute excess of some 500 millions over the whites although the relative rate of increase of the coloured peoples was slower.

It is convenient to follow Dr. Blacker and divide the cycle of growth of nations into five stages. In the *first* stage both the birth-rate and death-rate are high and roughly balance over a period of years, though the death-rate fluctuates greatly. This is seen in primitive stages of a population living on its own agriculture and subject to recurrent famine and uncontrolled epidemics. Most nations have now passed out of that stage, but China still remains in it with a population estimated around 400 millions. Afghanistan, Persia, Arabia and Ethiopia may still be in it also.

In the *second* stage the birth-rate remains high but death-rates are falling, so population is increasing. Parts of Eastern Asia, most of Africa and Central America and parts of South America are in this stage, which is the result of Western influences improving agriculture, transport and sanitation. Colonization started this in the case of India, Burma, Malaya, Indonesia, the Phillipines, Korea, Manchukuo and Indo China, all of whose populations are growing rapidly. India and Pakistan had about 250 millions in 1890, and the increase was slow until 1920, but with the falling death-rate population is now above 400 millions. There are indications that India's birth-rate has begun to fall, but incomplete registration makes it doubtful. If health services are maintained, which is by no means certain, a further prodigious increase of eighty millions is anticipated in the next ten years. The emergence of these countries from the first to the second stage was sudden, and unless they pass quickly into the third stage of falling birth-rate we have there one of the most serious and difficult problems of the future.

In the *third* phase of the cycle, death-rates go on falling, but the birth-rate also falls, though still keeping above the death-rate, so population goes on growing at a reduced speed. The Soviet Union's census of 1926 recorded 147 millions and it was confidently expected that the population would have risen to 190 millions by 1939. But the census of that year as published revealed only 170 millions, the deficit being probably due to incomplete registration of deaths. On that assumption the birth-rate must have started to fall after 1927, reaching about thirty in 1934-35, since when it has believed to have risen considerably under the stimulus of new legislation about marriage and abortion, and of propaganda. Japan entered this third stage of falling birth-rate a good deal earlier, probably about 1910, and just before

the last war there was a birth-rate about twenty-seven and a death-rate about seventeen per 1,000. Other countries in this phase are those of South Eastern and Southern Europe, parts of South America such as the Argentine, and the Jewish population of Palestine.

The *fourth* phase is reached when the birth-rate has fallen so low that, although it is still above the death-rate and there is a small increase in population going on, births are no longer sufficient to furnish enough young people to maintain that position for very long. The prospect is that unless fertility and family size increase to some extent the population will become over-weighted with elderly people and eventually begin to decline. Just before the war the countries which had got into this stage for the time being were Great Britain, U.S.A., Germany, Belgium, the Scandinavian group, Switzerland, Czechoslovakia, Australia, and some others. But in most of these there have been pronounced signs of recovery, though how lasting it will be we cannot say.

In the *fifth* or declining phase deaths consistently exceed births and unless the gap is filled by immigration population is falling. The only large country to reach this phase in the last century was France. Certain islands such as Tasmania, and native communities such as the Red Indians also reached it.

To summarise, the white peoples west of the iron curtain are probably approaching the end of their expansion, though that does not mean they will necessarily decline in numbers. For the most part the coloured peoples are now increasing rapidly, and their standard of life is in general far below that of the whites. Their right to an equal standard of health is admitted by W.H.O. More than that, the World Food and Agricultural Organization has also proclaimed the same principle regarding food. In the words of Sir John Boyd Orr "any Government which will not accept in principle the policy of aiding the starving world should not be considered a Government and should not be allowed to continue".

This question of food supply and equal right to health brings us face to face with a difficult situation because the two are closely linked. Speaking of the Union of South Africa, where there are nine million coloured people and 2.3 million whites, Sir Hugh Cairns says "Despite the splendid work already done for natives their malnutrition and ill-health is the most important problem. The incidence of bilharzia, hookworm and other tropical diseases is so high it is hard to know where to begin. How can the natives become healthy until they have enough food and use it intelligently?" In the 1945 Report on the vital statistics of British India it was stated . . . "India continues to be the largest

reservoir of smallpox, cholera and plague . . . Chronic malnutrition and under-nutrition of the people have sapped their vitality . . . Lack of general and health education add to the difficulties of overcoming the indifference with which the people resign themselves to the insanitary conditions around them."

Similar admissions about under-nutrition have to be made regarding most of the coloured peoples, and therefore an equal right to health carries with it an equal right to be rid of under-nutrition. Some do not like the logic of this, and the *Economist* in July, 1948, gave strong expression to this natural feeling as follows: "It is certain that the citizens of U.S.A., Canada, Argentine and the other food producing countries are not going to tax themselves year in year out to buy food from their farmers and supply it to Asia gratis", and it went on to suggest that to go on doing that indefinitely "and to achieve no better result than to make two malnourished Malthusians grow where one . . . grew before is a prospect which no degree of idealism is likely to stomach".

Dr. Blacker brings it closer home to us in these words . . . "Purchasing powers—and ours are not what they were—will not, if the new code is adopted, be the sole determinants of the movements of food stocks about the world. If priorities are strictly decided not by purchasing powers but by needs, the marginal state of the population of Asia is likely to keep our wives, and perhaps our daughters, standing in queues for many years to come". However, Mr. Truman has just told the American people in effect that if they want lasting peace prosperity will have to be shared; it will be hopeless to expect it while some nations are rich and others are miserably poor.

That, then, is going to be the dilemma. U.N.O. has voted that all men have equal rights. Article twenty-five of the Declaration of Human Rights, adopted by the General Assembly at its third Session, declares that:—

"Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including . . . housing, medical care and necessary social services."

W.H.O. regards all men as equally entitled to health, which implies a great improvement in nutrition in most of Asia and Africa where population is already rapidly increasing. If death-rates there are brought down further the world population will outstrip the possible food supply according to present knowledge of how to produce it.

I am not concerned here with possible remedies such as birth control, but rather with what the Christian attitude is to

be. I admit that the Church has for a long time made its attitude plain through the work of the Missionary Societies, and that U.N.O. and W.H.O. and W.F.A.O. are saying in effect that Christian principles must now be applied to international action. But so far such sacrifices as most of us have made did not entail voting for perpetual food rationing and shortage at home for the sake of Asia and Africa. I have little claim to express an opinion on such a profound subject, but feel no doubt as to what my own attitude must be. In *Proverbs* xi. 24, I read, according to the marginal translation, "There is that scattereth and increaseth yet more; and there is that withholdeth what is justly due, but it tendeth only to want". God made the world, and it is not for me to calculate whether there would be enough food left for the whites under a policy of so distributing the world's supply that the coloured peoples get enough to make possible a reasonable standard of health for them.

The economic difficulties may be enormous, but I never understood economics. Nor do I think the Christian Church can say to India, "If you want more food you must limit your population". No; the resources of science and of the universe are not exhausted yet. A few weeks ago, for example, we had the announcement of the discovery of a new chemical, antrycide, which protects cattle against the tsetse fly and might some day make possible a second Argentine in Africa. By means of radio-carbon, now being produced by use of atomic energy, research is going on to find out exactly how plants get their carbon from the air, and it may prove possible so to assist that vital process that the production of food can be greatly increased. Even if we knew the resources were exhausted the answer would be no different. The Church cannot do wrong by advocating an act of faith on the part of the white race. But by holding back and remaining silent on such an issue it might cause the whole of humanity to suffer terribly because the emergence of the Divine solution of the dilemma might thereby be long delayed.

Was it not by the scientific faith of a few men like J. J. Thompson that the atom was unlocked? Was it not by the persistent faith of a few doctors and biochemists that anaesthetics were discovered, surgical sepsis defeated, diphtheria and yellow fever prevented, and sulphonamides, D.D.T. and other remedies synthesised? There are much greater resources, biological and spiritual, still to be unlocked; but they are most likely to be unlocked by someone's faith. The Church must set an example in this, and my belief is that our part is to try to follow the Master's commands, neither counting their cost nor worrying unduly about the world situation.

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