

## EXCURSUS 34

### STATELESS MEDICINE

**Summary:** *The Natural State of Medical Practice* is an objective polemic against egalitarian and autocratic governance that has delayed effective modern medical care for centuries, and perhaps millennia. In view of the consistently dismal history of the interaction of government and medicine, this excursus questions the necessity of any government involvement with the field of medicine and the medical profession. But while government has been repressive of medical practice, this has not been purposeful, for medical care is universally desired. To be fair then, perhaps government has in some way contributed to medical progress. But after reviewing the social history of medicine over the ages in the context of medical progress, the only time medical progress can be documented is during the absence of State government. Likening the profession to the ancient Greek “koinon” (κοινών), medicine can be considered an autonomous sphere of unique capabilities and interests, one that can best manage its own interests and purpose without outside interference. A similar argument has been made for education based on the autonomous nature of the family and the illegitimate attempts of State government to usurp the family’s role in education of children. This, therefore, is not a new idea. Pre-Reformation, Hippocratic medicine is proposed as an example of an unofficial “Stateless” medical profession. Post-Reformation, autocratic governments in Europe, responding to political expediency and to demands for religious liberty based on biblical justification of natural rights, eased State control over the unprivileged. Predictably, modern Western medical progress ensued. But today the State is rapidly assuming sovereignty over the profession. Any role in medicine by government, including its efforts at political capitalism, should cease.

#### Introduction

The four volumes of *The Natural State of Medical Practice* (now freely available for download at **contratyrannos.com**) describe the restriction of medical practice and medical progress throughout prehistory and history that has been imposed by egalitarianism of the tribe and by political autocracies of the purportedly “great” civilizations of the past and present. Although overcome in the post-Reformation West, so harmful has this been to human generations globally that effort should be taken to prevent a recurrence. As government itself has been the source of the problem, it is reasonable to ask if government is of any value whatever to medical practice and the medical profession. Modern assessments and political solutions are abundant when specific issues arise. But perhaps history can provide a more basic clarification of its value. While critics of “historicism” claim predictions based on history are ill-founded, *The Natural State of Medical Practice* (volume 3, chapter 14) has provided a justification for its use as a guide. And in volume 4, Excursus 23 (*The Natural Law Theory of Human Progress*), it is further stated:

... the concept of human liberty is so basic that the complexity and unpredictability that may be found in specific issues are insufficient to alter conclusions based on the concept of liberty alone.

If the State has had a negative role and has no positive role in medicine, perhaps it should not be allowed to interfere. This raises the possibility of “Stateless medicine.”

## Relevant social history

In volume 1 of *The Natural State of Medical Practice*, Book II proposes Hippocratic medicine had its initiation in the city-state of Miletos probably in the 8<sup>th</sup> and 7<sup>th</sup> centuries BC. Its evolution into scientific medicine was attributed to collegial agreements between local practitioners that permitted (1) sharing of knowledge and (2) voicing of contrary opinion. The complexity and accuracy of much clinical detail in the Hippocratic works cannot otherwise be explained. The possibility of a singular “Hippocrates” and an intellectual nodal origin of scientific medicine on the meager Greek island of Cos is out of the question. The informal association of practitioners was a nascent profession, and it was spontaneous and unplanned. It was not the product of one man’s imagination, nor was it initiated by governance, for ancient Greek society had no prior experience with such phenomenon as a profession. Perhaps it was an outgrowth of a familial specialization to which the mythical Asclepius was applied for its rhetorical value, a social pattern described for other societies and specialties. But the important point is that in Greece it was spontaneous in its initiation and in its progress so that by the 5<sup>th</sup> C BC a profession with communicating practitioners was distributed over a broad geographical area. It remained free of political interference, and, as portrayed by Plato, friend of the expert, it was the final opinion on medical matters. It was inappropriate for those without medical knowledge to judge the practice of those with medical knowledge. Complaints of inappropriate treatment by a practitioner should be judged by other practitioners.

The Greek collegial association of medical practitioners can be designated as a “koinon” (κοινόν), defined in volume 3 of *The Natural State of Medical Practice* as:

An autonomous voluntary and democratic group sharing a common self-interest that meets in common council to freely and openly exchange information and experience pertinent to all its members.

By autonomous is meant “having the right or power of self-government” (Merriam-Webster).

A Stateless discipline is not a new idea. Its modern relevance was high-lighted by Abraham Kuyper (1837-1920), Dutch prime minister and neo-Calvinist pastor. He promoted the idea, his Dutch definition being translated thus:

*soevereiniteit in eigen kring* - sovereignty within one’s own sphere

In this concept, society encompasses a variety of spheres of common interest, each having unique responsibilities and requirements that assure desirability, stability, and continuity. A sphere of sovereignty is self-governing, regulating, and enforcing. Initially associated with Calvin and separation of church and State, that separation from the State was extended to include family, business, and education, as shown by his championing in 1559 of the Academy of Geneva, a university equivalent unrelated to the State and one that would include medicine among its disciplines. Under Calvinist doctrine, the power of the State was to be limited to

issues unique to the State. Furthermore, the right to autonomy of the church and the family was understood as absolute and not granted by governance: “The school belongs to the family.”

This excursus proposes, therefore, that the medical profession be designated a sovereign sphere, for, despite having its unique range of policies, principles, and practices considered necessary for the public good, over many centuries it has rarely had any sovereignty.

## Early Stateless societies incapable of progress

A brief review of social environments and increasing population as they relate to the presence of political authority throughout history can be useful here.

The family unit is universal and its leadership incontestable, although its interaction with proximal families depends on environment and other circumstances and therefore its composition and orientation within the larger society can vary. It is the smallest society and has been described as a “pre-political” association, and abrogation of family responsibility is common in collectivist circles in an attempt to impose homogeneity on society. Individual family units were intrinsically Stateless but helpless.<sup>1</sup>

Larger were the tribal and nomadic hunter-gatherer societies. It is generally acknowledged that these were egalitarian societies sharing a common ancestry that had no formal leadership and usually relying on consensus. Although rediscoveries of the obvious are made in every human society and may help the occasional individual and may be passed down as tradition, their beneficence was restricted to the tribe and perhaps other friendly tribes. But those discoveries were not the basis for medical progress, a definition that requires the entirety of the society to recognize, benefit from, and, most important, build on new findings. Tribes and nomadic groups have been described as unplanned Stateless societies. But their small size, crude existence, continual conflicts, subjective justice, and absence of any progress make their designation as Stateless unenviable.

A more populous social category is the pastoral. For millennia most reasonably secure and fertile regions of Europe and Asia were populated with scattered hamlets consisting of a few housing units. There were a few larger social units should general interests be involved, such as the defensive population centers of Maidanets of the Cucuteni-Trypillian culture in eastern Europe, the Goshono spiritual site of Middle Jomon culture in Japan, and Durrington Walls abutting the burial site of Stonehenge of the Neolithic culture in the British Isles. But for the most part the hamlets were based on family or extended family, perhaps with coworkers. There would have been no governance except that expected by family structure and there was no State governance over such widely dispersed family farming units or hamlets and apparently little to none over their several large settlements with populations that could exceed 10,000. Because of the relative security and productivity of the scattered environments that supported dispersed small populations, this might be considered a successful Stateless society, but one with no

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<sup>1</sup> Ancient Sparta was a notable example of minimizing the role of the family in advancing the ambitions of the State. But by controlling the development of children to accommodate its militaristic ambitions it became insignificant in part because so many of its younger generations were killed off in its frequent wars. Modern Marxism advocated total control of education of children in anticipation of the demise of capitalism and dissolution of its family structure, an ongoing argument.

evidence of human progress over many hundreds of years (the Cucuteni-Trypillian civilization spanned more than two thousand years).<sup>2</sup> It was Stateless, but static.

## Stateless societies capable of progress

Definition of progress: For the group: a social concept based on the awareness of the improbability of the human condition; for the individual: a path to self-betterment.

Having progressed in size from the helpless pre-political family to the unenviable Stateless tribe to the static Stateless community, Statelessness so far seems an unsatisfactory mechanism for improving the human condition. But agricultural productivity varies with climate, soil, geography, expertise and luck. Some ancient yields were large, and the excess could then be bartered for other items or services and could sometimes be stored. This led to commercialization, small market towns, and distant interests, trade, and travel. As described in *The Natural State of Medical Practice*, volume 3, the egalitarian tribal and clan allegiances could now be forsaken for the security, stability and relative conveniences of prospering population centers. To accommodate this change, specialization appeared as reliance on farming could be forsaken by providing services previously unknown to the gradually prospering public in exchange for sustenance. Urbanization was initiated. In its earliest stage, this was managed by common agreement. There was no centralized power. As segments of society evolved special needs or requirements, there evolved a heterarchical arrangement whereby each segment sought to improve its status and thereby to indirectly improve the status of the entire society. This led to influential hierarchies in which power shifted according to circumstance. Governance was now flexible and sometimes hierarchical but not centralized, with each segment oriented by self-interest rather than inclusive control. This phase of urbanization is the “settlement hierarchy,” in which there are multiple loci of interests that fluctuate according to their needs and those of other segments of society.<sup>3</sup> At last a desirable Stateless society emerged.

Prior to modernity there were but five specific periods with evidence of nascent medical progress. Objective and circumstantial evidence suggest progress developed during the settlement hierarchy phase of primary urbanization that were preludes to five “great” civilizations. From each of these five periods revered medical writings resulted, writings considered medical classics as judged by their respective cultures, past and present. They include: the *Treatise on Medical Diagnosis and Prognosis* of Mesopotamia, the *Ebers Papyrus* of Egypt, the *Charaka Samhita* of India, the *Huang Ti Nei Ching Su Wen* of China, and the Hippocratic works of ancient Greece. Each provides unequivocal objective evidence of nascent progress in clinical medicine. And, as described in volume 1 of *The Natural State of Medical Practice*, it is remarkable that all five can be considered to have evolved over a few centuries

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<sup>2</sup> Other civilizations and proto-civilizations that have a similar pattern include Marajoara, Norte Chico, Poverty Point, Cahokia, Terramare, Catalhoyuk, Sintashta, and Djenne-Djenno, all described in volume 3 of *The Natural State of Medical Practice*.

<sup>3</sup> For a recent review of early urbanization see: Sandeford, D. S., 2018, *Organizational Complexity and Demographic Scale in Primary States*, in *R. Soc open sci.* 5:171137.<http://dx.doi.org/10.1098/rsos.171137>. The text also includes an overview of specific primary “states.”

during the formative years of what would later be viewed as “great” civilizations.<sup>4</sup> In other words, they were not the product of great civilizations, instead being written at the time of early urbanization of primary city-states before the concept of a “civilization” could even be contemplated.

Although unplanned, the settlement hierarchy phase of a primary city urbanization represents the first appearance of Stateless governance capable of progress. Moving from helpless family to unfortunate Stateless tribe to static Stateless communities, mankind finally arrived at a Stateless culture in which people were thriving, not just surviving. It was characterized by objective evidence of effective medical expertise, an uncontested marker of human progress. There was no organized political body, probably no all-encompassing defined boundary, and therefore no State. But there is one critical distinction: the social evolution just described is the prelude of a *primary* city-state, and a primary city-state is:

“an early city-state that is not a colony and is unaffiliated with a larger civilization”<sup>5</sup>

In other words, the settlement hierarchy evolved from autonomous and multilateral decisions of a politically naïve population.

There is little today that is not viewed through a political lens. But is this appropriate? Or is the politicization of human existence a social aberrancy foisted on the mass of the population by those who had the power to do so. For if the latter is so, perhaps there should be no centralization of power at all. Analysis of the prehistory and history of medical progress as analyzed over 5,000 years suggests this. It is reasonable to conclude that, as freedom of the unprivileged population escaped from the egalitarian sympathies of tribalism to enjoy the social benefits of early urbanization, human progress was born. The proof is seen in the objectivity and confirmability displayed in their subsequent descriptions of disease in their manuscripts. It certainly was not planned, for medicine as a profession had never existed. Similarly, it was not commanded by the State, for there was no State. Nascent medical progress was solely the product of coalescence of individual actions as collegial sharing of information became a possibility. Now a good idea could not only be contemplated, it could be realized, transmitted to others and generationally, and improved to the benefit of society. All unplanned, it is remarkable, despite the limited evidence on hand, that the acclaimed medical classics of those “great” civilizations were produced before the civilizations had come into being. Instead, “great” civilizations would canonize those early writings as one mechanism for controlling it. It was the settlement hierarchy that was great, not the dynasties and empires that would follow.

Following these brief productive periods of settlement hierarchy, many centuries would pass before medical autonomy resurfaced. Political problems arose as the settlement hierarchy evolved into a political state. That this transition is avoidable is suggested by (1) the Indus River Valley Civilization, for there is yet no clear evidence of autocratic control of its city-states during their prosperous centuries, and (2) most early Greek city-states evolved democratic institutions oriented to protecting State interests from outside forces, thereby limiting their internal

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<sup>4</sup> It is proposed, based on objective and circumstantial evidence, that the early works had their origin during the 3<sup>rd</sup> millennium, the exception being Hippocratic medicine. There is some academic disagreement on a 3<sup>rd</sup> millennium origin of the knowledge contained in four of the five works, but there is unanimous agreement that their origin was in the early years of their respective civilizations. Of the five, the ancient history of Chinese medicine is the least documented.

<sup>5</sup> Similarly, a primary civilization is a civilization that has not been “shaped by substantial dependence upon or control by other, more complex societies.” See: Trigger, B. G., *Understanding Early Civilizations*, Cambridge, 2003, p. 19.

regulation of citizens. But the decline of the Indus River Valley civilization from climate change would be followed by monarchical states in which medical training became the province of the Brahmin caste, and in ancient Greece by Roman domination of the Greek city-states that provided its practitioners. Thus, the period of relative autonomy for individual initiative in each was short, roughly two or three centuries. Overall, authoritarianism won the day.

## Human progress and the Reformation

The dearth of human progress globally and in the West particularly was caused by a privileged class is described in Excursus 31, *Natural Law and Privilege*, noting that prior to the Reformation in the West there was, in effect, little to no human progress. The concept of human progress is considered relatively recent.<sup>6</sup> To be conceived it first required evidence that progress was in fact occurring, for otherwise it would have been but a passing thought in the minds of few. Prior to that time the idea of societal improvement referred to the status of contemporary society as compared to other societies, e.g., who was bigger, stronger, richer. The dream was that of the privileged classes, those who represented the State and those who benefitted from the State.

A few things got prettier for the privileged, but for most people things remained ugly. This is shown by examining life expectancy for the unprivileged class prior to the Reformation: since modern man's creation about fifty thousand years ago, life expectancy for the unprivileged in various cultures and civilizations has remained *ca.* 35-40 years, the same life expectancy as that of the Neanderthals about forty thousand years ago and the life expectancy at birth in China prior to 1950.<sup>7</sup> There are few people who would disagree that a longer life expectancy was a good thing. Likewise, since the moral abolition of slavery by Great Britain in the early 19<sup>th</sup> C, "official" abolition of slavery has occurred worldwide, with Mauritania being the last country to comply in 1981. Although arguments fly about the reasons for and the effectiveness of that abolition, the point is that there are now few normal people on Earth who would say that slavery is moral. (See Excursus 18, *The Reformation, Enslavement, and the Natural Law Theory of Human Progress*). The relevance of slavery to this sequence is shown by Third Article of the *Twelve Articles of the Peasants* proclaimed in now Germany in 1525. This statement, included in two other excursus, is repeated here because it so clearly and poignantly delineates the desire for individual liberty as distinct from liturgical changes that were sought by the Reformation.

*The Third Article.* – It has been the custom hitherto for men to hold us as their own property, which is pitiable enough, considering that Christ has delivered and redeemed us all, without exception, by the shedding of His precious blood, the lowly as well as the great. *Accordingly, it is consistent with Scripture that we should be free and wish to be so.* Not that we would wish to be absolutely free and under no authority. God does not teach us that we should lead a disorderly life in the lusts of the flesh, but that we should love the Lord our God and our neighbour. We would gladly observe all this as God has commanded us in the celebration of the communion. He has not commanded us not to obey the authorities, but rather that we should be humble, not only towards those in authority, but towards every one. We are thus ready to yield obedience according to God's law to our elected and regular authorities in all proper things becoming to a Christian. We,

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<sup>6</sup> Bury, J. B., *The Idea of Progress: An Inquiry into its Origin and Growth*, London, 1920.

<sup>7</sup> Clark, D., in *Statistica*, 2025.

therefore, take it for granted that you will release us from serfdom as true Christians, unless it should be shown us from the Gospel that we are serfs.<sup>8</sup>

Thus, with the Reformation the dream of self-betterment would now apply to everyone as individuals. Those with an interest in medical care sought to improve their care because it was obvious that other people wanted improved care. Elsewhere, those with an interest in mechanical things now had opportunity to exchange the products of their ingenuity with others at a price. Throughout much of Europe individual initiative was available on a scale never before seen. Things slowly got better rather than bigger, becoming obvious in medicine in the 18<sup>th</sup> C. And this was not planned. No one person or one government said “Let’s get better.” But as a society, the European population continued its innovative ways and everyone seemed to do better. Thus, the concept of human progress came into being. It was not intended, and this type of transformation has been termed “spontaneous order.” (See Excursus 29, *Human Progress as an Expression of Spontaneous Order*.)

The two “goods” described above, longer life expectancy and moral abolition of slavery, are examples of the release of ingenuity and motivation in the unprivileged population of the West, and it was due to the protection of natural rights consistent with Judeo-Christianity and biblical interpretation. Other widespread effects included the separation of church and State, an idea promptly broadened by John Calvin when in 1559 he instituted the Academy of Geneva to be funded by donations, an institution of general education for all, including the unprivileged, and one that included nontheological topics such as law and medicine.

And that is not all. One outstanding feature of the preceding two paragraphs is the primacy of the individual as the agent of change. A subsidiary feature was the *unprivileged* nature of those agents of change. How could this happen?

The answer is that such an event *has been waiting to happen since man first appeared on Earth*. As described in Excursus 22 (*Evolution vs. Creation and Morality*), there is no reason to consider human nature to have changed since the first man and woman, and the idea that we have somehow genetically evolved to our present magnificence over the past fifty thousand years is laughable. We have had the potential for magnificence from the very beginning. The question, therefore, is this: Since man has not changed in past millennia, to what can we attribute the beneficence of modern Western society, a beneficence traceable to the Reformation.

The reason it happened when it did is, in retrospect, obvious: recognition of natural rights of the individual as natural law was increasingly recognized as applying to every individual, including leadership of a State. This was unintentional, for natural rights were not defined in advance and then a plan sought to protect them. What happened was the removal of impediments to the recognition of natural law and its implementation. The “positive” laws of the autocratic privileged classes were modified to accommodate the changing political status of a monarchical Europe, the Holy Roman Empire, and the Vatican. Supporting details are provided throughout the volumes of *The Natural State of Medical Practice*. But as a result, prehistory, history, and Judeo-Christianity are all in agreement about the agent of change: the individual (see Excursus 6: *Natural Law, the Ten Commandments and the Golden Rule Compared*). The ingenuity and

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<sup>8</sup> Popularly translated by Frederick Engels (italics added), the *Twelve Articles* were demands formally presented by serfs to German aristocracy in March 1525. As a consequence, the serf population of large areas of Germany was to suffer one hundred thousand battlefield deaths and perhaps another hundred thousand deaths from the associated devastation of families of the Peasants’ War of 1524-1527. Aristocrat losses were “minimal.” *Article three* is the most relevant to this excursus. The original text of the italicized sentence is:

“Darumb erfindt sich mit der geschryfft, das wir frey seyen und wo(e)llen sein.”

motivation of the common man and woman, long delayed, was finally to be realized on a civilizational scale. As a result, we have now had a glimpse of the natural state of natural law: the protection of our natural rights (see Excursus 32: *Natural Rights and the Natural State of Natural Law*).

## Conclusion

The social history of medicine leads to the unprecedented conclusion that medical progress can take place only in a Stateless society of free individuals. Commercialism provided the initiating environment, for primitive market towns were not small because there were few people. They were small because people didn't want to risk being victimized by others. As pointed out in Excursus 7 (*Human Dispersion and Natural Law: Government as a Kinship*), cities can even be considered social aberrancies. But once attempted, people moved to that particular area to add to or to get something from the market, something of value. And those market people had a reason to require peaceful exchange; the alternative, conflict, would have compromised them all. It was the unintentional obeying of natural law during the settlement hierarchy that population and prosperity could peacefully increase. An unanticipated consequence was the simultaneous release of human ingenuity that permitted specialization and improved products and services. Human betterment resulted, ultimately in our age to include a more than a doubling of human life expectancy and a global moral condemnation of slavery.

Every person has distinct capabilities, preferences, and capacity for genius. Man is not a social animal eager to unite with others with similar preferences in order to obtain them (see Excursus 24: *Man is Not a Social Animal*). He prefers to do for himself. The desire for a secure increase in individual betterment leads him to use his ingenuity to obtain it should the social environment provide security. The Reformation over time provided that security for the unprivileged, and modernity reflected that change.

The new problem is to protect the agent of change (the unprivileged individual) revealed by the Reformation, for the agents of authoritarianism are ever attempting to control and homogenize society. Conflict between individuals is inevitable, and physically controlling others can become a goal. There are many among us, privileged and unprivileged, who would, if they could, become the privileged masters over the rest of us. But, as the Constitution of the United States of America forbids a privileged class, we have had intrinsic protection. Unfortunately, the past century has seen progressive infringement of protections of the Constitution. Today the State is rapidly assuming sovereignty over medicine, its threats summarized in the final chapter of volume 1 of *The Natural State of Medical Practice*. Modern technology hopefully will decrease that threat (see Excursus 31: *Escape from Egalitarianism: Part II*). But modern technology can also be expropriated to promote centralization of power and the expanded use of rhetoric to support a privileged class. We must prevent the proud from proffering privilege. We must prevent the demotion of the physician as an individual to little more than a humanoid. Remove State infringement and return sovereignty to the sphere of medicine.

