



Congratulations to our College team on their excellent performance through this year's University Challenge; we are so proud that this small college was in the final.



Editorial

Elizabeth Winter, Director of Development

As we enter a further stretch of lockdown the impact on our community is striking; the adaptations needed to cope with life become more demanding and the sense of isolation threatens us all. Yet the kindnesses and support shown by many people provide the emotional structure that holds us all together. We think of our alumni around the world who are experiencing COVID-19 in many demanding and distressing ways, and extend the best wishes of the Corpus community to all. In College, we are especially grateful to alumni who have stepped forward and offered help, some in the form of support for student hardship; others in practical ways. One alumnus in Hong Kong, for example, has shipped masks, sanitiser and safety equipment to help staff manage their work more safely. The way all our members, both resident and external, are rallying round and supporting one another is the true measure of how we stand as a community.

Although all of us have new challenges and worries about the future to address, in College we are also dealing with the immediate need created by the change in circumstances for our students whose lives have been turned upside down by the COVID-19 pandemic. The Senior Tutor describes some of these in her article below. Some of our students can't get home; some have no home to go to; others have new expenses which added to their debt cause great mental distress and anxiety. We are able to help them thanks largely to the generosity of the gifts you, our alumni, have given over the years and which we are now drawing on heavily. We thank you warmly for your support as we, like you, try to navigate a safe and healthy way through this crisis.

As the Senior Tutor writes here, we have been working hard on establishing online teaching so that students can continue their education as uninterrupted as possible. It is distressing for everyone that we will not be physically in residence for the Easter term. The usual fun following examinations will not take place, and I regret the loss of our alumni events, especially the reunion dinners, 1352 day, and the Summer Party which has become a highlight of our year. We are thinking constantly of ways of staying connected, of keeping you in touch with the College as life goes on in this strange dystopian world, and we welcome your emails, letters and phone calls. The College is still very much the vibrant place it always was, and I am struck not for the first time by the wonderful ability of our Corpus community to adapt to these challenging circumstances and find the strengths and friendship that bind us together. We send our very best wishes to all our alumni in this difficult time, and look forward to welcoming you back in College as soon as circumstances allow.



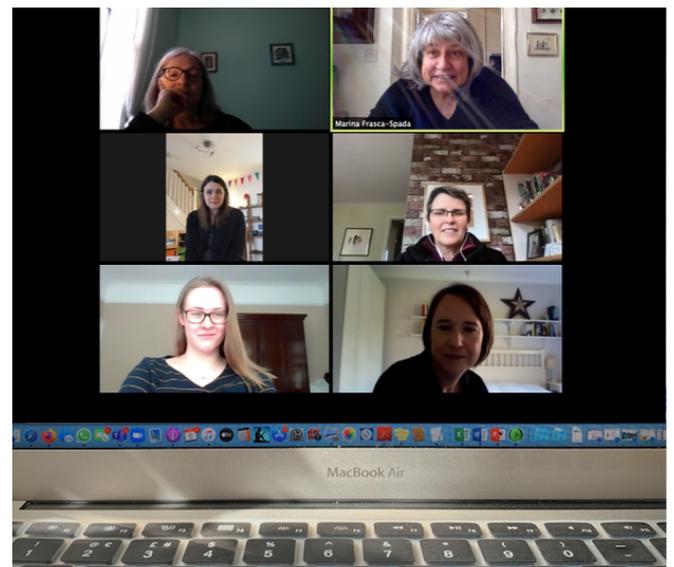
News from the College

The Senior Tutor, Dr Marina Frasca-Spada

This week, while you are receiving and reading this newsletter, a new Easter term is starting. What kind of term this is going to be we are not yet sure: Cambridge will be now as uncharacteristically empty of students, as it has been empty of tourists during the Easter vacation. All our teaching is going to take place online. By now, even the most IT-shy among us are getting used to online conference platforms.

All the meetings that prepared the University and the College for term-time on a screen have taken place online, and now we are happy even to talk to the more scattered bits of our own families via Zoom or Google Hangouts – we don't mind any longer the intensity of all those faces side by side on our screens or the impossibility of making eye-contact with anyone. And this is very good news, since now we need these platforms for our core mission – our lectures, seminars, supervisions. We have learnt how to blur our real-life background or hide it behind photographs of our offices, so that our supervisees will not be distracted by the unusual landscape in which our small group discussions are taking place.

We have known all along – in fact we have often lamented – that our students are all too familiar with virtual communication and disembodied social interactions. And yet, we are now discovering that a number of them may not have access to laptops or internet connections that are efficient enough for our present purposes – indeed, we already know that a number of them in their family homes may not even have a space where they can peacefully concentrate, behind a closed door, to do their reading and writing or to discuss their essays or their revision plans with their Director of Studies and supervisors.



This is all the more a concern, since this year not just our teaching, but all their assessments, including the final-year ones for our third- and fourth-year students, will also take place online. We really need to do our best to ensure that all our students will be properly equipped for this strange new world. So a few days ago we sent them a brief survey asking about their study space at home, their electronic devices (laptops, tablets, smart phones, cameras, scanners...), the availability of a suitably powerful web connection – and we received over 100 replies in the first couple of hours. For the moment we just need to establish how many of them will need our help with this.

In the meantime, the welfare team continues to meet daily on Zoom to discuss any new developments, and how to keep track of a variety of practical matters relating to students, whether in residence or at home. Last week we also had the first tutors' meeting of the term to discuss how to make sure that students remain aware that this is their academic home, whether here in the flesh or virtually.

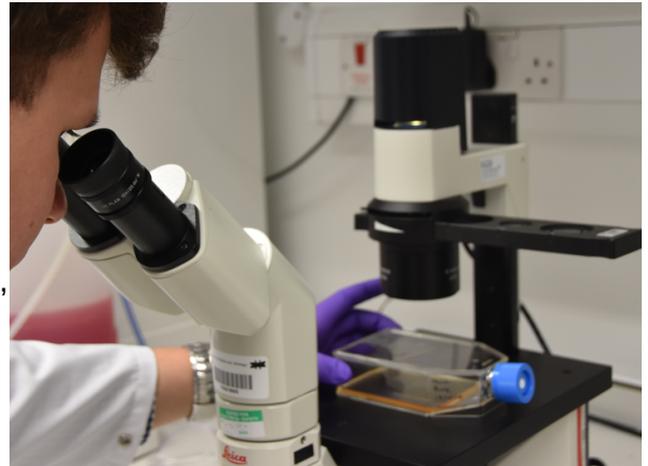


Reflections from the Fellowship

Dr Ewan St John Smith, Fellow in Pharmacology and (University) Reader in Nociception, sheds light on the journey to a COVID-19 cure.

I am a pharmacologist, and so the search for COVID-19 treatments interests me greatly. Prevention is better than cure. But only a global vaccination/eradication programme, like that initiated in 1958 by the World Health Organisation (WHO) for smallpox, will truly stop COVID-19.

Vaccines work by exposing the body's immune system to a non-pathogenic component of the microorganism or virus of interest; the immune system then produces antibodies making it ready to deal with future exposures; when a high enough proportion of a population are vaccinated, herd immunity results. However, viruses can mutate and evolve; that is, antibodies produced against one form of a virus may not work against a different form, and hence a new influenza vaccine is developed annually. Although we do not yet know how effective immunity provided by a future vaccine might be, one favourable factor is that unlike influenza viruses, coronaviruses have a lower mutation rate. Thus if a useful vaccine can be developed, the chances are that it should be quite effective.



Whilst we await a vaccine for SARS-CoV-2, developing effective treatment for COVID-19 is critical, especially considering the problems faced by hospitals dealing with large numbers of patients, many requiring intensive care unit support. People do not stop needing intensive care support from other causes during a pandemic. The picture here is rapidly developing, but care and attention are needed.

On 21 March, US President Donald Trump tweeted, "HYDROXYCHLOROQUINE & AZITHROMYCIN, taken together, have a real chance to be one of the biggest game changers in the history of medicine", adding later that chloroquine could also be effective. Hydroxychloroquine and chloroquine are anti-malarials, also being used in certain autoimmune conditions, whilst azithromycin is an antibiotic. From where did Trump's statements arise and are they true?

In a laboratory setting, [cell based studies](#) have shown that hydroxychloroquine and chloroquine limit how SARS-CoV-2 infects cells and this was followed by a [study](#) (which gained intense media (and presumably Trump's) attention) claiming that hydroxychloroquine and azithromycin cleared SARS-CoV-2 from the body more effectively than the hydroxychloroquine alone, or no treatment. However, there are several caveats, including:

- It was a very small study (42 patients).
- Patients in treatment and control arms differed in many ways (e.g. age), which introduces confounding factors.
- Analysis of SARS-CoV2 presence/absence was measured inconsistently across time and individuals.
- 26 patients started on the combined hydroxychloroquine/azithromycin treatment, but data are only provided for 20; of the six who dropped out, one died and three were transferred to an intensive care unit – removing experimental outliers provides "good" results, but is not exactly robust analysis.
- Submission and publication dates suggest that peer review of the article occurred within 24 hours...one co-author is, however, the journal's editor.

None of the above makes the potential findings regarding hydroxychloroquine and azithromycin wrong, but they certainly raise warning flags and should prevent leaders of nations making sweeping statements. Chloroquine phosphate is used to clean fish tanks, but is not the same as chloroquine – following Trump's pronouncement, an Arizonan couple self-administered chloroquine phosphate, one dying within 24 hours. Hydroxychloroquine and chloroquine are also themselves not perfect drugs, their side effects making them inappropriate for certain individuals.

A randomised clinical trial is necessary to be sure of the effectiveness of hydroxychloroquine and azithromycin, or any other treatment being considered, including drugs modulating immune system function (tocilizumab, used in treating rheumatoid arthritis) and convalescent plasma (using blood plasma from recovered patients that likely contains antibodies against SARS-CoV-2). Although time is precious in dealing with COVID-19, there is no reason to abandon evidence-based medicine.



Dr Anastasia Berg, Gaylord and Dorothy Donnelley Research Fellow in Philosophy, looks at Italian philosopher Giorgio Agamben's critique of the COVID-19 pandemic.

No doubt of it, the costs we are paying for the sake of reducing the spread of the pandemic are high. The question of the proportionality of the response is not however a merely scientific one; it is moral. And the answer is not obvious.

The Italian philosopher and cultural theorist Giorgio Agamben has long served as a model of how philosophical reflection can help us evaluate the moral implications of catastrophes of an order the mind can barely comprehend – most famously the Holocaust. Agamben is perhaps best known for his thinking on so-called biopolitics and the effects and limits of sovereign power. He recently raised a series of objections to the draconian measures implemented across the world: the sacrifice, he insisted, is too much.

Agamben's way of addressing the problem is framed by a distinction between "bare life" – our biological survival – and something he holds in higher regard; call it social or ethical life. 'The first thing that the wave of panic that has paralysed the country obviously shows is that our society no longer believes in anything but bare life', he observes.

In our hysterical panic, exerting herculean efforts to avoid physical harm, we have made ourselves vulnerable to loss of a far higher order: sacrificing our work, friendships, extended families, religious rites and political commitments. In this way, we might preserve ourselves biologically, but we will have eliminated in the process anything that gives life meaning, that makes it worth living.

Agamben is right that a life dedicated solely to our own biological survival is a human life in name only, and that voluntarily to choose such a life is not merely a personal sacrifice but a form of society-wide moral self-harm. But is this really what we are doing? There are of course those (the Florida Spring Breakers in the US, the Stereophonics fans in the UK) who have shown the moral heroism Agamben is calling for here, refusing to bow to the recommendations of the authorities. But are those of us who have, with heavy hearts, embraced the restrictions on our freedoms, merely aiming at our own biological survival?

I don't think so. In the middle of March, my fiancé and I cancelled our summer wedding. We did it so that our guests, including my partner's high-risk father, might be able at some later date to attend safely the social celebration of our decision to tie our lives to one another's. Agamben laments that we are sacrificing 'social relationships, work, even friendships, affections, and religious and political convictions' to 'the danger of getting sick'. But we are not making sacrifices for the sake of anyone's mere survival. We sacrifice because sharing our joys and pains, efforts and leisure, with our loved ones – young and old, sick and healthy – is the very substance of these so-called 'normal conditions of life'.



Image: Giorgio Agamben

'What is a society', Agamben asks, 'that has no value other than survival?' Under certain circumstances, this is a good question; under these circumstances, it is a blind one. Is this the society Agamben believes he is living in? When this philosopher looks around him, does he truly see nothing but the fight for "bare life"? If so, Agamben's "clarification" may be revealing in a way he hadn't intended. We might think of it as a very lucid example of "bare theory": the dressing up of outdated jargon as a form of courageous resistance to unreflecting moral dogma. Sometimes it is advisable to hold off on deploying the heavy theoretical machinery until one has looked around. If we are after wisdom about how to live today, we would be advised to look elsewhere.

Dr Berg's full article, published in the Chronical of Higher Education, can be found [here](#).



New Fellows

Dr Daniel Williams, Stipendiary Early Career Research Fellow in Philosophy

Daniel completed his PhD in Philosophy at Trinity Hall College, Cambridge, in 2018. Before that, he completed an undergraduate degree in Philosophy at the University of Sussex in 2014 and an MPhil in Philosophy at Darwin College, Cambridge, in 2015. From 2018 to 2019 he was a Postdoctoral Research Fellow at the Centre for Philosophical Psychology at the University of Antwerp.

Daniel's research draws on recent advances in the psychological and social sciences to help address highly theoretical and philosophical questions about the mind. His doctoral thesis outlined and defended a novel philosophical account of mental representation based on recent developments in neuroscience and machine learning as well as neglected insights from the tradition of cybernetics.

His current research develops the idea that many putative examples of human irrationality are socially strategic, enabling individuals to achieve a variety of social goals that are often in conflict with epistemic goals such as truth and impartiality. He is currently working on a book in which he argues that this simple idea illuminates a large and varied body of psychological phenomena, including self-deception, confabulation, social conformity, confirmation bias, motivated cognition, ideological and religious beliefs, and more.

Daniel also has research interests in a variety of other areas, including the philosophy of psychiatry, the predictive limitations of research in the social sciences, the risks and opportunities associated with developments in artificial intelligence, and the tradition of philosophical pragmatism.

You can find out more about his research and see a list of his publications here:

www.danwilliamsphilosophy.com



Dr Philippa Hoskin, Gaylord and Dorothy Donnelley Fellow Librarian, shares the signs of an impending plague in medieval times.

Parker Library manuscript 521 came to Corpus in the seventeenth century from the abandoned Brigittine monastery of Elbing (now Eblag in Poland). The manuscript itself is a fifteenth-century compilation of pieces dating from the 1380s onwards, including, at the end of the manuscript, a short piece titled *De signis pestilencie*: 'Concerning the Signs of the Plague'.

There are, according to this work, ten signs of impending plague:

1. Bad conjugation of planets
2. Comets and falling stars
3. Westerly or southerly winds
4. A cloudy and wet summer
5. Unusual variations of temperature
6. Hot days and cold nights
7. Increased numbers of frogs, toads, mice and fleas
8. Animals leaving their holes in the ground
9. Birds leaving their nests
10. Unseasonable weather

The author of our tract was actually knowledgeable about these matters and the list is informed by a number of earlier texts. In the 1340s, Islamic scholars had written that flocks of birds preceded outbreaks. In 1348, the Faculty of Medicine at Paris had identified unusual conjunctions of the planets as the first cause: there had been a triple conjunction of Jupiter, which drew up hot wet vapours from the earth, together with hot Mars, which had then ignited those vapours creating poisonous fumes.

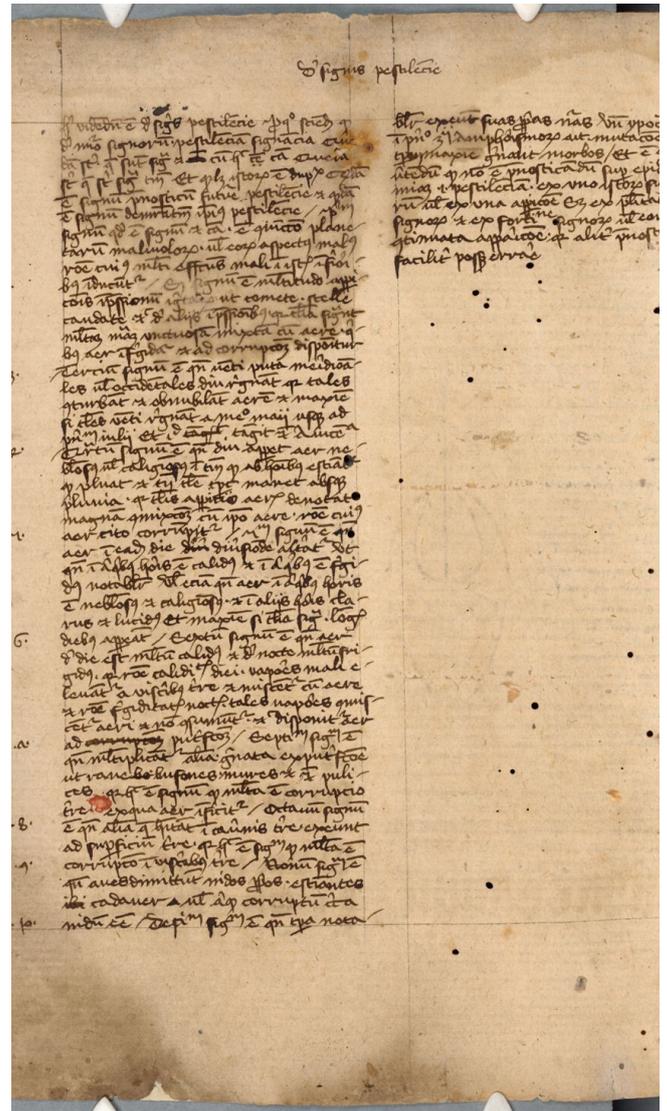


Image: The signs of the plague (CCCC ms 521, f. 176v).



Finally, cold Saturn had turned those fumes into fogs and cloud which had then hovered around the earth. Since this had taken place in Aquarius, the effects had been intensified, and the seasons disrupted: summer had been too wet and cold, autumn had been too wet and warm, and winter continued warmer than usual. The weather had been very changeable and the poisonous mists had resulted in increases of frogs and in the deaths of other animals. Although no comets were observed during the early outbreaks of the plague, in later outbreaks they were often blamed for damaging the atmosphere, of which the writer of our tract is aware too.

Like other prophetic tracts in this manuscript – which attempt to draw together information on the possible signs of the end of the world – this was meant to be a practical guide. When it was recorded here, plague was still circulating in Europe, and people wanted warning of its arrival. Odd as some of these signs may seem to us now, they were based on observed correlations between the natural world and outbreaks of disease, interpreted through the paradigms of the bodily humours and of astrology, which underpinned medical science of the day.

Pelican in Brief is available on our website and all issues can be found [here](#).

The next issue will be published on 30 April.

For further information, please visit our website www.corpus.cam.ac.uk or contact
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