Introduction

This chapter focuses on MRSA, one of the superbugs that seem to ‘outwit’ modern medicine. It contributes to the emergent study of ‘infectious diseases and society’ which complements the more established study of ‘science and society’. We use approaches derived from discourse analysis, corpus linguistics and metaphor analysis (especially the study of discourse metaphors and metaphor scenarios) to investigate how an emergent risk from a bacterium was portrayed by the UK national press at three points in time: 1995 when the threat was as yet remote, 2000 when cases began to rise dramatically, and 2005 when the threat from MRSA became a hot political issue. We describe the changing rhetorical strategies used and the influences from science and policy on the use of preferred strategies, which roughly speaking changed from giving the bacteria a voice, to giving patients a voice, to giving politicians and policies a voice. In studying MRSA from a ‘discursive’ perspective we hope to contribute to a new understanding of the epidemiology of infections.¹

Because we humans are big and clever enough to produce and use antibiotics and disinfectants, it is easy to convince ourselves that we have banished bacteria to the fringes of existence. Don’t you believe it. Bacteria may not build cities or have interesting social lives, but they will be here when the Sun explodes. This is their planet, and we are on it only because they allow us to be. (Bryson, 2003: 369)

As this quotation from Bill Bryson’s popular book *A Short History of Nearly Everything* shows, human beings are not the only ‘agents’ on this
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planet. It seems that bacteria are some of its ‘prime movers’. This is a view of bacteria that has only recently started to emerge.

In the 1960s chemotherapy, immunization, sanitation and the ready availability of antibiotics had reduced infectious diseases caused by bacteria and viruses to such an extent that the Surgeon General of the United States predicted that the book of infectious diseases could be closed. Bacteria and viruses were thought to have been defeated once and for all through the use of modern medicine. In hospitals, concerns such as isolating the infected, or charging staff with responsibilities for cleaning wards, were no longer given priority in an age that believed in the seemingly magical powers of antibiotics.

The rise of antibiotic resistance and the increase in hospital-acquired infections, such as MRSA (Methicillin-resistant Staphylococcus Aureus), VRE (Vancomycin-resistant Enterococci) and Clostridium difficile, alongside increased recognition of the threat of emergent infectious diseases such as Severe Acute Respiratory Syndrome (SARS) and avian influenza have removed any such complacency.

This chapter will focus on the issue of MRSA in particular, a bacterium that has acquired the label ‘superbug’. MRSA is a specific strain of the Staphylococcus aureus bacterium that has developed resistance to almost all antibiotics and has become widespread, particularly in hospitals. A new strain has also begun to infect people outside hospitals, so-called community-acquired MRSA. We shall focus on MRSA as a health-care-associated infection, or HCAI.

As Washer and Joffe (2006) have shown, MRSA only came to the attention of the media and then the public at large at the beginning of the 1990s, although it had been infecting people since the 1960s. One UK Member of Parliament commented in 1995: ‘The first few cases of the bacteria were reported in 1991. Two years later there were 300 cases in more than 40 hospitals. Now 129 hospitals in the UK are reporting it. That is an amazing figure which shows the rapid spread of MRSA.’ (Cohen, 1995) This increase in cases is reflected in the rise in media reporting on the subject (see Table 10.1).

MRSA was not yet a topic for the national press in the UK in the early 1990s. This changed in 1995 after the government had issued a first set of guidelines and after two popular science books had been published (Garrett, 1994; Cannon, 1995) that painted a picture of MRSA against a rather apocalyptic background of plagues and ‘superbugs’, a term first used in the mid-1980s, ‘usually in the context of stories about pesticides and the agricultural use of antibiotics’ (Washer and Joffe, 2006: 2145), until, in about 1997, superbug became a quasi synonym for MRSA.