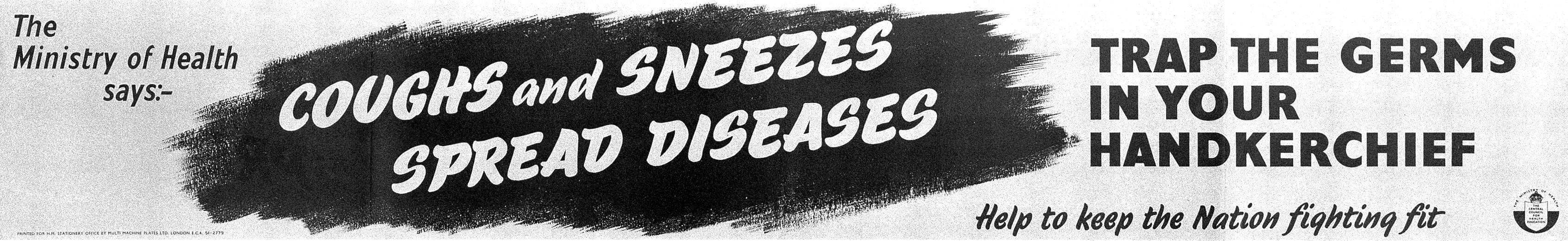
# ‘Thanks for the moan!’ Disillusionment with the British sickness system, online and in print, 1997–2005

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from IPython.display import Image, display  
  
display(Image("media/cover.jpg"))



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social security, welfare, Britain, Internet Archive, British Library, history of medicine

The turn of the millennium saw significant shifts in British social security and employment policy for sick and disabled people. On the one hand, European and anti-discrimination laws gave individuals greater protections. On the other, active-labour-market policies from the in-coming Labour government restricted access to disability-related social security; while employers were becoming increasingly concerned with how to manage absenteeism as flexible and “lean” employment practices led businesses to become even more intolerant of employees taking sick leave. Web archives offer a useful window onto how British citizens understood these processes. Workers who directly experienced sickness systems left evidence of their opinions on blogs and message boards. But so too did middle managers, as well as friends and relatives of those who had to negotiate sickness-related bureaucracies.

This article combines evidence from the Internet Archive with journal articles, newspapers, and government procedural papers to show how New Labour’s sickness and disability policies fit within the longer history of the British welfare state. By adding archived web pages to the “traditional” sources in the writing of political, social, and cultural histories of Britain, it argues that new insights can be gained not just on how citizens experienced the welfare state but also how they understood changes relative to a remembered past.

Despite the richness of these sources, however, they must be read critically and with methodological care. The search techniques used here to access blogs and message boards provided many examples of citizen engagement with sickness systems on the .uk top-level domain. But these were necessarily a fraction of all utterances about sickness that would have been made at the time. Furthermore, while historical actors “published” their thoughts by volunteering information on the public internet, they had no reasonable expectation that their messages would be held for so long in an archive – or that they might realistically be read by a wide audience, mediated through an academic paper. At the very least, this paper discusses citizens’ writings about their experiences without informed consent. The article thus concludes with discussion of these methodological considerations and why it remains important to “triangulate” with non-web-archival evidence, especially for the early mass-web-usage period.

## Introduction

It is March 2003 somewhere in Britain, and a middle manager is furious. ‘There’s a guy in my work place who is just taking liberties’, she fumes. Despite already having three weeks absence that year due to sickness, he now wants time off to go on a holiday to the Caribbean. According to the manager, this employee is aggressive when confronted and abusing the firm’s sick leave policies. She feels she is not getting enough support from higher management. ‘This guy is now off work due to illness… wait for it… you’ll like this… for a boil on his bum!’, she fumes. ‘Thing is, my boss believes this rubbish.’ Having taken to the Femail message board to therapeutically recount this story, she signs off ‘thanks for the moan! I shall have to put up and shut up.’

The manager was not the only one to doubt the seriousness of her subordinates’ medical complaints. Trade journals for managers and human resources departments provided endless advice for those worried about the levels of absenteeism in their firms. The Daily Mail, the right-wing tabloid that owned Femail, bemoaned the existence of ‘Sick-note Britain’ (), a country where everyone could purportedly find an excuse not to work. Meanwhile the New Labour government, mindful of its reputation as a ‘soft touch’ on unions and workers during the economic strife of the 1970s, wanted to assert itself as a fiscally responsible party by introducing new incentives to sick people to find or retain work. This Femail message board post is therefore an echo of a much wider phenomenon – a rich window onto sickness and absenteeism in Britain in the 2000s.

This article uses webpages from the Internet Archive to corroborate and expand upon a cultural history of British medical certification at the turn of the millennium. It comes as part of a wider project analysing the meaning of ‘sick notes’ in Britain since the Second World War. As such, it seeks to promote web archives to historians who do not consider themselves digital specialists, while also serving as an example of how such research can be done. As more Britons gained access to the web and began to publish details of their lives online, so did the internet become an overwhelmingly rich source for cultural and social histories. Therefore, it is vital that contemporary historians make use of this material.

But this article is also a warning about some of the pitfalls of this approach. In particular, the methodological and ethical problems raised by using web archives for close-reading qualitative analysis – especially those discussing potentially sensitive medical information – must be considered in detail. Borrowing from the work of digital historians, social scientists, and oral historians, the article argues that such work is possible and richly rewarding; but it must obey fundamental principles of respect for those people historians write about.

## I stop at 1995 because I don't want to read emails

A colleague once said this to me. While clearly joking, there was a hard truth behind the words. There has been a reluctance from contemporary historians who have worked on the 1980s, 1970s or earlier to engage with the more-recent past, especially when this requires deeper investigation into born-digital sources such as archived web pages or personal data. This assertion requires a caveat. There have been several histories that span the pre- and post-World Wide Web worlds that do make use of official documents, journals, audio/visual sources and newspaper articles from various bodies, many of which, even if they were printed, the authors probably never saw in physical form (e.g. , ). Yet, these documents often have an obvious “pre-digital” equivalent and are therefore easier to integrate into longer-term analyses.

The archived web is much more slippery in this regard, and often harder for historians to access methodologically and technically than official sources with clearer digital and non-digital “paper trials”. This explains some of the trepidation. It is difficult to blame any one factor, but a combination of these are likely to be at play for any individual historian: lack of confidence in using web archives; a lack of skills in digital history; difficulty in assigning relative weight between digital and non-digital research methods; the relative recency of the period covered by web archives; an abundance of “traditional” material with which one can still forge a solid research career; or a lack of knowledge about web archives and their potential (see , ).

The knowledge and skills gaps might be overcome by training and practical demonstration of the worth of web archives in contemporary historical scholarship – though structural factors in academia about the time and resources available to run and undertake that training are also, of course, significant barriers. However, the “relative recency” issue is increasingly difficult to justify. This is not a challenge confined to digital history. Past & Present and Selskabet for Samtidshistorisk Forskning have both noted that historians have been slow to embrace histories of the 1990s, especially relative to the speed at which 1980s histories were published (, ). But even the informal “thirty-year rule” – a traditional waiting period in contemporary British history, named after the embargo period for procedural civil service documents instituted in the 1950s () – takes us back to 1993. The new “twenty-year rule” for official documents and Freedom of Information legislation is now fully implemented () and brings contemporary British history firmly into the twenty-first century. Even temporally conservative historians must soon acknowledge that British residents’ activities on the internet are historical in nature.

## The historiographical problem

Absenteeism had long been a concern of government and employers. Quoted as the difference between the number of hours employees were contracted to work relative to the number of hours actually worked, it represented economic inefficiency (, ). Some absenteeism was unacceptable and a breach of employment conditions – such as skipping work to spend more time on holiday or on leisure pursuits. Some was legally protected, such as the right to strike. However, there was also “authorised absenteeism” in the form of sick leave. All accepted the right, indeed the necessity, for sick employees to rest and recuperate away from work. But there were constant discussions about how sick someone needed to be to justify worklessness. How would you prove such a state? What was the right balance between disciplining workers and destroying the good will between management and staff? Whatever the answers to these conundrums, it was clear that sickness absence was a constant bugbear; and always “too high” ().

Indeed, the formation of the British postwar welfare state had explicitly sought to address the problems around health and productivity by collectivising the risks of economic inactivity through providing universal health care and insurance-related sickness benefits (). On the macro level, Britain needed higher economic output to rebuild the nation and pay off its debts arising from the Second World War. On the micro level, managers regularly complained about individuals who appeared to be abusing sick leave and sick pay systems, often generalising these anecdotes to the overall working population. These tensions continued throughout the twentieth century, with changing economic priorities, new technologies, deindustrialisation, and the rise of self-employment and the gig economy. Various reforms were made to medical certification to try to provide enough protection to those who ‘deserved’ it and enough incentive to remain at work for those who did not (). Doctors sought to reduce the workload caused by certification, while governments designed new tests for long-term sickness and disability. Still, it was inevitable that such lines could not be easily drawn by regulations. And so, the period is littered with debates and opinions expressed in newspaper articles, political speeches, comedy sketches, and innuendos about sickness, those who claimed sickness-related benefits, and what all this meant for the British nation ().

Two things therefore remain true into the twenty-first century. First, medical absenteeism was a live political issue. Second, people from all constituencies expressed their thoughts on this problem. Given the rise in internet usage from the beginning of the millennium (see figure 1), it stands to reason that many of these utterances would have been published on the World Wide Web and would therefore be stored in web archives. Furthermore, any historical project seeking to understand the cultural meaning of medical absenteeism across the postwar period must consider web archives as an important source.

This article is an example of using such sources. It was conducted as part of a wider research project into sickness certification since the Second World War (), seeking answers about how Britons in the twenty-first century experienced the procedures around authorising their sick leave. This article concentrates on the first two New Labour governments (1997 to 2005), a time of considerable changes in the British welfare state, including around employment, disability, and health policy (, ). This was also a period before mass social media usage and provided a manageable corpus of material to analyse. The next section details this history, showing how web archives added to the understanding and analysis of sickness certification in this era. In the hermeneutics layer, the reader will find specific details of how these sources were collated and analysed. The article then concludes with some reflections on the methodological and ethical challenges of this approach, including discussion about how the research could have been improved.

from bokeh.plotting import figure, output\_notebook, show  
from bokeh.models import ColumnDataSource, Title, HoverTool, BoxZoomTool, PanTool, WheelZoomTool  
  
import pandas as pd  
  
df = pd.read\_csv("script/undata\_clean.csv")  
source = ColumnDataSource(data=dict(df))  
  
hover = HoverTool(tooltips=[("Year", "@Year"), ("Value","@Value"), ("Description", "@Description")])  
  
p = figure(title="figure 1: UK internet users, 1990-2014 according to UNData. Hover for data description.", tools=[hover, BoxZoomTool(), PanTool(), WheelZoomTool()])  
  
p.line('Year', 'Value', line\_width = 2, source=source)  
p.circle('Year', 'Value', size = 15, source=source)  
  
p.add\_layout(Title(text="Year", align="center"), "below")  
p.add\_layout(Title(text="Percentage of UK population", align="center"), "left")  
  
output\_notebook()  
show(p)

"(function(root) {\n function now() {\n return new Date();\n }\n\n const force = true;\n\n if (typeof root.\_bokeh\_onload\_callbacks === \"undefined\" || force === true) {\n root.\_bokeh\_onload\_callbacks = [];\n root.\_bokeh\_is\_loading = undefined;\n }\n\n\n if (typeof (root.\_bokeh\_timeout) === \"undefined\" || force === true) {\n root.\_bokeh\_timeout = Date.now() + 5000;\n root.\_bokeh\_failed\_load = false;\n }\n\n const NB\_LOAD\_WARNING = {'data': {'text/html':\n \"<div style='background-color: #fdd'>\\n\"+\n \"<p>\\n\"+\n \"BokehJS does not appear to have successfully loaded. If loading BokehJS from CDN, this \\n\"+\n \"may be due to a slow or bad network connection. Possible fixes:\\n\"+\n \"</p>\\n\"+\n \"<ul>\\n\"+\n \"<li>re-rerun `output\_notebook()` to attempt to load from CDN again, or</li>\\n\"+\n \"<li>use INLINE resources instead, as so:</li>\\n\"+\n \"</ul>\\n\"+\n \"<code>\\n\"+\n \"from bokeh.resources import INLINE\\n\"+\n \"output\_notebook(resources=INLINE)\\n\"+\n \"</code>\\n\"+\n \"</div>\"}};\n\n function display\_loaded() {\n const el = document.getElementById(\"1046\");\n if (el != null) {\n el.textContent = \"BokehJS is loading...\";\n }\n if (root.Bokeh !== undefined) {\n if (el != null) {\n el.textContent = \"BokehJS \" + root.Bokeh.version + \" successfully loaded.\";\n }\n } else if (Date.now() < root.\_bokeh\_timeout) {\n setTimeout(display\_loaded, 100)\n }\n }\n\n function run\_callbacks() {\n try {\n root.\_bokeh\_onload\_callbacks.forEach(function(callback) {\n if (callback != null)\n callback();\n });\n } finally {\n delete root.\_bokeh\_onload\_callbacks\n }\n console.debug(\"Bokeh: all callbacks have finished\");\n }\n\n function load\_libs(css\_urls, js\_urls, callback) {\n if (css\_urls == null) css\_urls = [];\n if (js\_urls == null) js\_urls = [];\n\n root.\_bokeh\_onload\_callbacks.push(callback);\n if (root.\_bokeh\_is\_loading > 0) {\n console.debug(\"Bokeh: BokehJS is being loaded, scheduling callback at\", now());\n return null;\n }\n if (js\_urls == null || js\_urls.length === 0) {\n run\_callbacks();\n return null;\n }\n console.debug(\"Bokeh: BokehJS not loaded, scheduling load and callback at\", now());\n root.\_bokeh\_is\_loading = css\_urls.length + js\_urls.length;\n\n function on\_load() {\n root.\_bokeh\_is\_loading--;\n if (root.\_bokeh\_is\_loading === 0) {\n console.debug(\"Bokeh: all BokehJS libraries/stylesheets loaded\");\n run\_callbacks()\n }\n }\n\n function on\_error(url) {\n console.error(\"failed to load \" + url);\n }\n\n for (let i = 0; i < css\_urls.length; i++) {\n const url = css\_urls[i];\n const element = document.createElement(\"link\");\n element.onload = on\_load;\n element.onerror = on\_error.bind(null, url);\n element.rel = \"stylesheet\";\n element.type = \"text/css\";\n element.href = url;\n console.debug(\"Bokeh: injecting link tag for BokehJS stylesheet: \", url);\n document.body.appendChild(element);\n }\n\n for (let i = 0; i < js\_urls.length; i++) {\n const url = js\_urls[i];\n const element = document.createElement('script');\n element.onload = on\_load;\n element.onerror = on\_error.bind(null, url);\n element.async = false;\n element.src = url;\n console.debug(\"Bokeh: injecting script tag for BokehJS library: \", url);\n document.head.appendChild(element);\n }\n };\n\n function inject\_raw\_css(css) {\n const element = document.createElement(\"style\");\n element.appendChild(document.createTextNode(css));\n document.body.appendChild(element);\n }\n\n const js\_urls = [\"https://cdn.bokeh.org/bokeh/release/bokeh-2.4.3.min.js\", \"https://cdn.bokeh.org/bokeh/release/bokeh-gl-2.4.3.min.js\", \"https://cdn.bokeh.org/bokeh/release/bokeh-widgets-2.4.3.min.js\", \"https://cdn.bokeh.org/bokeh/release/bokeh-tables-2.4.3.min.js\", \"https://cdn.bokeh.org/bokeh/release/bokeh-mathjax-2.4.3.min.js\"];\n const css\_urls = [];\n\n const inline\_js = [ function(Bokeh) {\n Bokeh.set\_log\_level(\"info\");\n },\nfunction(Bokeh) {\n }\n ];\n\n function run\_inline\_js() {\n if (root.Bokeh !== undefined || force === true) {\n for (let i = 0; i < inline\_js.length; i++) {\n inline\_js[i].call(root, root.Bokeh);\n }\nif (force === true) {\n display\_loaded();\n }} else if (Date.now() < root.\_bokeh\_timeout) {\n setTimeout(run\_inline\_js, 100);\n } else if (!root.\_bokeh\_failed\_load) {\n console.log(\"Bokeh: BokehJS failed to load within specified timeout.\");\n root.\_bokeh\_failed\_load = true;\n } else if (force !== true) {\n const cell = $(document.getElementById(\"1046\")).parents('.cell').data().cell;\n cell.output\_area.append\_execute\_result(NB\_LOAD\_WARNING)\n }\n }\n\n if (root.\_bokeh\_is\_loading === 0) {\n console.debug(\"Bokeh: BokehJS loaded, going straight to plotting\");\n run\_inline\_js();\n } else {\n load\_libs(css\_urls, js\_urls, function() {\n console.debug(\"Bokeh: BokehJS plotting callback run at\", now());\n run\_inline\_js();\n });\n }\n}(window));"

""

## Citation, anonymity, and content warnings

Ian Milligan asks a tongue-in-cheek, but pertinent question: ‘Is it “real” historical research if the citations do not point to the exact historical document?’ ( p. 199). This paper provides a list of the sources consulted in the Bibliography ([Internet Archive citations](#anchor-citations)) – but does not provide direct links to the pages in the text. The ethical reasons for this will be discussed later, but in brief: this approach allows researchers to check the sources being used and reproduce this work while also allowing a degree of pseudo-anonymisation.

Some of the material here contains personal information that either the original authors never considered would become so widely publicised or has been disclosed by other people with varying levels of anonymity or implied consent. A content warning: some of the material here contains explicit antisemitism, discussion of suicide ideation, grief, sexist and sectarian jokes, and experiences of trauma.

## Twenty-first-century sickness

Tony Blair’s government promised a welfare system that would provide ‘work for those who can; security for those who cannot’ ( p. iii). This would be achieved through reforms designed to rehabilitate long-term disability and unemployment claimants so that they could find and maintain employment. These ‘active labour market’ policies constituted a package of new approaches to welfare governance touted as ‘the Third Way’, borrowing from sociologist Anthony Giddens () and the welfare reforms of the Clinton administration in the United States (). Despite the radical nature of these policies, there were also continuities. Labour wanted to distance itself from its reputation in the 1970s, the last time it was in power, as economically incompetent (). It therefore continued with much of the rhetoric from the 1980s and 1990s directed at ‘scroungers’. The Conservative shadow minister Iain Duncan Smith even joked in the House of Commons that Labour’s first social security budget was effectively ‘the Peter Lilley Memorial Bill’, referencing the previous Minister for Social Security who had instituted large cuts to unemployment and disability-related benefits ( 22 July 1997 vol 298 col 793). This created a paradox. On the one hand, Labour was a party openly committed to disability rights and rebuilding the welfare state after 18 years of Conservative rule. On the other, it had embraced many of the neoliberal logics of welfare and employment, promoting selective welfare benefits that were designed to punish those who were considered to not be trying hard enough to find and maintain employment (, ). Moreover, through all this political turmoil, the British economy and the technology underpinning it were changing rapidly. More people were becoming self-employed, service industries were becoming a much bigger proportion of Gross Domestic Product than manufacturing, and digital telecommunications was transforming how Britons worked (, , ).

This framework created consequences for how medical certification was treated at the turn of the millennium. For long-term sickness, more emphasis was placed on determining a claimant’s capabilities at work-related tasks which were to be determined via functioning tests introduced by the Conservative government in the mid-1990s. These were designed to evaluate the extent to which someone ought to be expected to work and, in theory, provide a basis for reasonable adjustments that could be made to workplaces to help people back into work (, ). Disability rights organisations were sceptical of these claims, and continue to be to this day. Rather than being used as a tool to empower disabled people in the labour market it has largely been used as a punitive mechanism to reduce the number of people claiming long-term out-of-work disability benefits (, ).

For shorter-term sickness and for those in employment, employers had become less tolerant of people taking time off work and had developed new monitoring and discipline tools for getting sick employees back to work faster. Some of this was also based around capacity testing through interviews and assessments that could allow employees to gradually return with fewer hours or duties (). However, it had become more important for employers to do this due to wider changes in employment practices. The shift towards employing low-skilled, insecure labour in service industries with small staff numbers that left little margin for absences of any kind meant that businesses required as close to 100 per cent attendance as possible. In addition, changes to the sick pay system since the early 1980s had made employers almost entirely responsible for sick pay as well as the effects of sick leave. As a result, the public and private sectors had invested in a burgeoning human resources industry that advised businesses on how they could further reduce staff absence ().

This political and economic history is available through the contemporary social science literature, a growing historical interest in the 1990s and 2000s, and the myriad digitised and born-digital sources produced by the British government. Less attention has been paid to how people living in Britain responded to this changing economic landscape. How did people feel about declaring their medical status; how did they negotiate this bureaucracy with the changing consequences for missing work; and how did they feel about their co-workers taking time off when there was little slack to cover for sick colleagues? For historians, the archived web offers some evidence for these phenomena. By using webpages from the Internet Archive, this article now shows how British people documented their experiences about sickness online. Integrating these testimonies into the wider history of medical certification and sick leave shows how these experiences were tied into a much wider economic and political system. Thus, archived web pages augment an existing historical analysis and provide historians with more evidence of how such systems affected people’s daily lives.

## Getting the data

Knowing that web archives would contain relevant material for the project, the question was how to access it. Hyperlink analysis was not important to the research. Similarly, large-scale text analysis on large corpora was unnecessary. The project required a set of texts, or documents, that could be read alongside other historical evidence of medical certification practices and opinions about sick notes from the pre-web era. This required some form of discovery (through text searching) to find meaningful documents – with the main trade-offs being both the quantity of material that could be analysed and the representativeness of that material across the entire archived web.

SHINE is a tool ‘developed as part of the Big UK Data Arts and Humanities Project funded by the AHRC’. It allows text searching of data acquired on the .uk top level domain (TLD) from JISC and the Internet Archive from 1996 to 2013 (). Although a prototype, it allows facet searching either through the user interface or through commands in the URL. Results are presented from the indexed metadata, but access to the pages themselves is provided through a link to the Internet Archive’s Wayback Machine.

The string “sick note” (in quotation marks) provided a useful set of results for this research that could be further refined. “Sick note” in most circumstances referred directly to medical certification or to metaphorical and colloquial expressions that were based on the use of medical certificates. Even obscure references, such as to bad music, were based on a joke that only works because of the cultural association of the phrase in UK English to medical certification. All of this was relevant to the research project.

However, the string could also appear as an artefact (e.g., as an old news headline in a sidebar on a story that had nothing to do with sickness), meaning some sites had a disproportionate number of entries in the results despite their lack of relevance to the research. Similarly, many universities, schools, public bodies, and companies published their sickness absence regulations on the web. A single instance of this might be relevant to establish how medical certification was used by authorities monitoring absence or health status – but the sheer volume of mentions could drown out other more interesting examples of people and organisations expressing their opinions and direct experiences of using sick notes. There were also many instances of the same page on the same URL across time, the content of the HTML file perhaps changing slightly in each capture, but the core content of text remaining static.

In full mode, SHINE returned 147,139 results. To provide a balance between time scale and a manageable number of webpages, these were further restricted to the ten years 1996 to 2005, providing 32,030 pages. As table 1 shows, this provided many more results for the later years than the earlier ones, but also provided a rich set of sources for the second Blair term and the period in which British web usage increased significantly (see figure 1).

|  |  |
| --- | --- |
| Year | Results |
| 1996 | 5 |
| 1997 | 134 |
| 1998 | 82 |
| 1999 | 326 |
| 2000 | 743 |
| 2001 | 1687 |
| 2002 | 2978 |
| 2003 | 6512 |
| 2004 | 10449 |
| 2005 | 9114 |

The results were manually checked in date order, skim-read to see if they provided insight into how sick notes were used or people’s opinions of them. When a particular opinion or use case was “saturated”, or it seemed obvious from context that the page contained little new or pertinent information, these pages were ignored. In some cases, to speed up the process and to make the results pages more readable, sites were excluded through adding facet commands to the search URL. This included major news websites such as the Guardian and the BBC, and websites that had multiple instances of the same type of content or duplicates across several URLs. A typical search URL for the year 2001, for example, reads:

[https://www.webarchive.org.uk/shine/search?query="sick+note"&page=1&tab=concordance&action=search&mode=full&facet.in.crawl\_year="2001"&facet.out.domain="bbc.co.uk"&facet.out.domain="guardian.co.uk"&facet.out.domain="beats.co.uk"&facet.out.domain="telegraph.co.uk"&facet.out.domain="internetforschools.co.uk](https://www.webarchive.org.uk/shine/search?query=%22sick+note%22&page=1&tab=concordance&action=search&mode=full&facet.in.crawl_year=%222001%22&facet.out.domain=%22bbc.co.uk%22&facet.out.domain=%22guardian.co.uk%22&facet.out.domain=%22beats.co.uk%22&facet.out.domain=%22telegraph.co.uk%22&facet.out.domain=%22internetforschools.co.uk)"

Insightful pages were clipped to Evernote using a Chrome extension, saving both the content and the Wayback Machine URL for each entry. Pages could also be tagged for their general content, approximate year of publication and other pertinent categorisations. This facilitated both close reading of the texts and simple text searching across the corpus for key terms. Where relevant, a single web page could allow further exploration of the website on which they were published. In total, 213 pages were saved for analysis. These are listed in the bibliography ([Internet Archive citations](#anchor-citations)).

## Experiences of being sick

There was often an incompatibility with how an individual understood their capacity to work and authorities’ assumption. One trans person wrote in their blog about their incredulity that the doctor asked if they needed a sick note for work. They described the extent of their depression and how they could not hold down a job – but did hope to begin a degree course instead. A man in his 40s took to a discussion board designed to give advice on benefit claims to describe his situation. He wanted to work, in part to improve his mental health and have a better relationship with his wife and children, but the doctor had told him there was nothing they would ever be able to do for his pain. ‘I need to be able to work’, he wrote, ‘but I don’t want the jobcentre putting me in for any job, because if I didn’t have this disability I would be working [. T]here’s plenty of work for non disabled persons’. Despite the government’s aim to provide more routes to work for those on the margins of employment, it did not work for everyone. Disability activists had long argued that unemployment was a result of employers’ prejudices against people with impairments rather than an inherent “fault” in the individual that could be rehabilitated. They argued that sick notes and capacity testing did not actually result in a negotiated settlement between the labour market and disabled people to allow them access to work. It did nothing to tackle employer prejudices, while also forcing disabled people to portray themselves as unemployable or risk sanctions (, ).

Still, this gentleman was not the only one that took to the Web to find out information about welfare regulations. In 2001 a woman asked her fellow mothers what her legal position was regarding maternity leave. ‘The company that I work for are not very nice so I just want [sic] to be sure that my H.R. dept. are aware of everything […] because I wouldn’t be surprised if they messed everything up’, she typed. ‘[I] have decided you ladies’, meaning her fellow members of the board, ‘are my best hope as I’m sure that one of you must know all of the rules and laws and wotnots that apply to us’. Here, historians learn about the anxieties that bureaucratic procedures around sickness could create for workers. We also see continuities from older forms of communication. Message boards were used to build a community of women sharing advice from their own lived or professional expertise. This has many parallels with the long history of letters pages and advice columns generated from reader correspondence in women’s magazines (, ).

Others provided information for their fellow internet users to find. One website owner in the late 1990s was prompted to write a diary of his own experience of getting chicken pox as an adult. He had done so because he felt the existing information available on the internet was overly dramatic, suggesting ‘encephalitis, hepatitis and pneumonia’ and hospitalisation. He was apparently not alone in this experience. The phenomenon of WebMD and its potential links to increased health anxiety in the internet age is well-discussed (), yet even as early as 1996 doctors were warning about the potential issues around widespread access to medical (mis)information (). The chicken-pox afflicted man included black and white photographs of his experience and spoke about the various things he used to try to reduce the irritation – including a topical cold sore medication and brown sauce. ‘This article is not intended to be serious health advice’, he advised, ‘(not that I believe anyone in the right mind should take it as such) [and] if you suspect you have chicken pox, call your Doctor out as soon as possible’. What stands out is the omnipresent medical certification. Having tried to contact to his GP for many hours, he eventually broke through. The doctor simply ‘laughed and said “I suppose you're after a sick note”’.

For others, the sick note was not a ticket for paid leave, or another bureaucratic hassle while trying to deal with the other symptoms of living with illness. It represented an unwelcome barrier to work. At the very least, being ill and being away from work was not always a good thing. Aside from the previously-mentioned man who wanted to work for his own mental health, another wrote an account about their experience of living with myalgic encephalomyelitis (ME). The diagnosis meant that doctors could do little in the short term other than prescribe rest. Having been told they would probably have to wait six months until their next full check up and prognosis, the author wrote: ‘My next Sick Note from the Doctor was for 3 months. I didn't have to see him and I didn't have to go to work for 3 whole months. That was terrible. How the heck would I fill my time! What on earth would work think of me!’ More humorously, a poster wrote on a message board that they were getting cabin fever, because they had watched so much daytime television that they could predict in what order the adverts would play. ‘I’m going to be crawling back to work at this rate just to get a life!’, they moaned. Both these examples, with differing degrees of levity, further emphasise the perceived importance of work in the structure of Britons’ lives. This shows how the Labour government and the architects of biopsychosocial models of welfare (, ) were able to justify their attempts to bring sick and disabled people back to work.

## Experiences with bureaucracies

One of the advantages of search as a method of discovery is that it can reveal sources from unlikely places. The following passage from a role-playing game message board in 2003 is a classic example, showing the effects of changing sickness regimes on employees. One member of the board in December 2003 wrote about how frustrated they were both with the level of service from the GP and with the bureaucracy at their workplace. ‘Since this is the third or so period of illness in as many months, and thanks to the current fascist governmental absence policies, when I go back [to work] I’m going to have to go through an interview with my boss to find out why I’m sick so much (probably the amount of events I go to)’, they wrote. While acknowledging their lifestyle probably did not help their recovery, they were obviously frustrated at a GP that ‘says that he can’t do anything till I’ve been off a week’ and refused to see the three illnesses as somehow connected. The regulations had indeed been written so that doctors did not have to write sick notes until workers had been ill for a week as part of reforms in the 1980s to reduce the burden of certification on GPs (). Clearly, however, this clashed with employers’ disciplinary regimes, especially when claims to sick leave were repeated and short term ( esp. p. 67).

There was push back against these disciplinary procedures and rhetoric from management. In 2001, the Chairman of the Police Federation was quoted on a site for police officers admonishing the government for insinuating that constables were ‘work-shy’ and ‘infected by a sick note epidemic’, finding any way they could to secure a lucrative early retirement. Public sector workers had long been accused of such inefficiencies (). Telephone staff employed in the General Post Office in the 1950s were chastised for ‘tea-drinking and form filling [and taking] a day off whenever they feel like it’ (). The New Labour government had also promised a ‘clamp down on civil servants’ sick pay’ in 2004 (). This pressure on public employees was another way of proving their financial prudence to those who might vote for the Conservatives.

Some resistance also came in the form of humour. One webmaster who had collected the chain emails he had been sent reproduced a fictitious set of employee guidelines. ‘Sickdays: we will no longer accept a doctor’s sicknote as proof of sickness. If you are able to get to the doctor, you are able to come into work.’ Darker humour was to be found in a ban on surgery (‘We hired you intact. To have something removed constitutes a breach of employment’) and on bereavement leave (‘There is nothing you can do for dead friends and relatives’). Jokes such as these do not work unless they are playing on something with a real-world correlation, no matter how exaggerated. Elsewhere in the Internet Archive, we find such examples from employees’ perspectives on seemingly unreasonable practices from their bosses. A woman working in a shoe shop wrote on a message board about how guilty she felt walking to work and handing in a sick note for a chronic condition that meant she could not guarantee from one day to another whether she could physically do her job. ‘i [sic] feel really bad as it is because one of the girls is leaving meaning only myself and the manager are left’, she wrote, saying something about the ‘lean’ employment practices in the retail sector. ‘I [sic] think it looks bad me being able to get to the work and hand my sick note in but the truth is it took me a lot of courage [… and] I have constant abdominal pain […].’ It was indeed possible to be ‘able to get to the doctor’ but not be ‘able to come into work’. Some employers were also very obviously poor at dealing with bereavement. While not technically a medical diagnosis, much like an illness people are expected to make efforts to recover and return to “normality” in public life after an appropriate amount of time (, ) – however defined. One woman wrote in exacerbation on an online forum in 2001 about her experiences of being forced out of her role because she had missed work grieving for her husband. She typed, ‘I don't know what to do. I can't think for crying. […] Why can't people leave me alone? They knew [my husband], yet they understand so little about how it feels, and what they've done to me.’

## Memories of past sickness regimes

One final finding from the Internet Archive was that the web was a source of memories of sickness experiences from before the Web existed. Just as oral history has been used to solicit and gather memories of past experiences of medicine and healthcare, (, , , ) internet users regularly posted reflections on their own lives in the form of personal journals and online magazines. A nostalgia column in a local newspaper ran a man’s reflection on visiting his GP as a young man before the NHS was founded. The key forms of treatment one would get from the irritated doctor on the other side of the desk were, apparently, some pills and a sick note. Another nostalgia magazine contained a story from a woman recounting that as a young girl she had infected her father with measles. Feeling such a diagnosis would open him to ridicule from his co-workers, he negotiated with the GP to put a more palatable reason for missing work on his sick note. The punk poet John Cooper Clarke was interviewed in the slacker magazine Idler. He remembered being prescribed amphetamines for his nerves and feeling trepidation at having to hand in a sick note which explained that he had been unable to work due to becoming over-reliant on them. He was surprised to have a sympathetic ear from his foreman. This was not uncommon in the 1960s (). The boss’s wife had also had the same problem – ‘she were right poorly with it’.

Just as Cooper Clark and the father with measles were worried about potential threats to their masculinity, other men told stories about themselves or male family members that showed a sense that working through pain or injury was what “real men” did. Whether post-hoc rationalisations or accurate portrayals of the time in question, such attitudes were common (). One man recalled his summer job as a student in a steel mill. He remembered being ostracised by his working class, older colleagues until he got a fleck of metal in his eye, necessitating an eye patch and a sick note. This rite of passage allowed him to become accepted and a full member of the work social group. ‘I was now a mill hand. Branded by real steel. No longer some poncy student. I would get asked for help with the tabloid crosswords. My opinion on Ron Ashman's selection policy at Scunthorpe United suddenly and inexplicably was worth listening to. I got invited to the pub after work.’ In another personal reflection, a man wrote about his father whom he had recently lost to cancer. He articulated how much pain his father must have been in by reference to how his father worked as a younger man. The father had lost his arm in a motorcycle accident and was once accidentally hit on the hand with a hammer by his son. ‘A lesser man would have cried and been off to the doctors for a sick note! The reason I've said this is to give you an idea of the pain that cancer can cause. I distinctly remember several nights where he was rolling on the floor of the bedroom crying like a baby "the pain, the pain, stop the pain"[.]’

## Methodological and ethical considerations

The richness of the material in the Internet Archive is a boon for contemporary historians. As the previous analysis has shown, it can be used in conjunction with “traditional” documentary evidence to build a rich picture of life in Britain and the relationship citizens had with their welfare state. The approach taken here, however, has limitations. While we can learn much about life in Britain at the turn of the millennium from Internet Archives, historians also need to be clear about the boundaries of their conclusions. Moreover, there are serious ethical matters to consider.

The pages consulted here can in no way be said to be a representative sample. As described in the hermeneutics layer ([Getting the data](#anchor-getting-the-data)), the pages were discovered through the British Library’s SHINE interface () and saved in a corpus determined by the qualitative judgement of the author. This approach mirrors physical archival scholarship, producing a valid historical argument. Yet the vastness of the Internet Archive puts the limitations of this method into sharp relief. The search term “sick note” is not inclusive of all medical certification experiences. 213 pages from 32,030 search results is a tiny fraction of the available material. Even then, only a portion of those 213 have made their way into this analysis. Reading the entire corpus reveals much more, including, but not limited to: doctors’ use of mailing lists to exchange advice on “awkward” patients; advertisements for private sick notes; the use of “sick note” as a pejorative nickname (especially in the context of sport); and specific experiences of medical certification for a range of medical conditions. Most importantly, the SHINE interface only searches the index of pages on the .uk Top Level Domain – missing potentially millions of instances of Britons talking about sick notes on .com, .org, or other domains.

These are not fatal flaws. It was never intended that this research would form a comprehensive survey of sickness experiences on the archived Web. As illustrative discussions, tied to a wider analysis of British society, these pages serve their purpose well. As with all sources, the researcher must pay attention to the biases in the corpus as well as the individual webpages contained within (). Future historical work can build on this approach or apply other techniques to the data to challenge or complement this research.

Research ethics are a bigger problem. In the original study () webpages were referenced directly. While people were not named and attempts were made to anonymise people in the main text, the direct links mean that anyone reading the book will be able to find the original material. This approach follows the one taken by Roberta Bivins ( esp. p. 115) regarding smallpox survivors from the epidemic in Cardiff in the 1960s. Although Bivins anonymises the people involved, the archival and newspaper references remain for other scholars to verify the source material and reproduce the study if they so wish. As Ian Milligan () reminds us, however, web pages are different. The effort required to follow them is much less than with physical archives. Further, the smallpox survivors were, for a time, figures whose medical experiences were a matter of public record. The same is not true of everyone in the corpus under consideration here. Even for those who voluntarily posted their own information online, there was no reasonable expectation that their words would have a life beyond the conversations they solicited with the small audiences they spoke to directly. Or, as Milligan puts it, ‘Many internet users have an expectation of privacy by virtue of their obscurity: most tweets and blog posts are needles in a haystack, especially if shared with only a limited number of followers’ ( p. 203).

These are not new problems and have been addressed elsewhere (, , , ). However, for historians using archived internet sources alongside larger, pre-digital source bases, the exact solutions are not obvious, either through a lack of experience of using such data or because it is difficult to maintain commensurability in source analysis techniques across different time periods. For example, direct quotations and some biographical details (such as geography, gender, class, age, race, disability etc.) can often be part of the historian’s analytical framework, rendering complete anonymity impossible and, at times, undesirable. (This is a typical site of contention for oral historians when explaining their methods to social scientists ( p. 97).) Furthermore, historians often use sources shorn of their original context through the archiving process: such as legal tribunals, personal and professional correspondence, journal entries, and so on. The people writing or being written about did so for specific cultural and bureaucratic reasons – least of which was to engage in a discussion with academic historians several years in the future. Historical distance and established convention change the ethical conundrum here in relation to web archives, but the principles applied to those sources do not necessarily fit the mass, sensitivity, and accessibility of data available in web archives (). The approach taken in this paper, then, is an attempt to evolve the author’s previous work and think more critically about the ethical implications of using this data. As discussed in the hermeneutics layer ([Citation, anonymity, and content warnings](#anchor-content-warnings)), there are no direct references to the webpages being quoted or analysed. Instead, every page in the corpus is accessible from the list of URLs given in the bibliography ([Internet Archive citations](#anchor-citations)). Anyone wishing to evaluate the selection choices or historical analyses can therefore find these sources with a little effort. This is a compromise to the professional academic requirements of the discipline. However, the sources themselves require some effort to locate exactly, offering a degree of anonymity to those who have no prospect of offering full informed consent for this study.

This is not a perfect solution from a scholarly or anonymity perspective. It is also not universally applicable. It is possible in a venue such as the Journal of Digital History which allows a greater degree of flexibility in practical and methodological terms than might be permitted in a print social history journal. Yet it does allow experiences of sickness to be heard. It challenges authorities’ positions on absenteeism and working conditions and allows historians to better understand life in Britain at the time. Milligan ( esp. pp. 205–10) and his co-authors () have made these points regarding GeoCities and the importance of preserving the voices of those without access to large, establishment publication media. The starting point, as laid out in the AoIR’s ethical guidelines ( p. 4) must be ‘respect for persons beneficence, and justice’ (borrowing from ).

I hope I have demonstrated this respect in this study. The material here has enriched the research and given greater evidence for how people experienced sickness in Britain at the turn of the millennium. It has shown how people engaged with doctors, their employers and the bureaucracy surrounding sickness while also having to live with the effects of ill health on their bodies and personal relationships. While by no means exhaustive of all experiences, these testimonies have confirmed and complemented the story presented in more “traditional” source bases. They have challenged the government’s assertions about the purpose or outcomes of biopsychosocial models of disability and employment, while also articulating the voices of those that resisted impositions from state and employer practices. More analyses of early-twenty-first-century British life will benefit from internet archives and close reading of webpages alongside other sources. But future work of this type will have to engage even further with these methodological and ethical challenges.

## Bibliography

See below the list of Internet Archive webpages in the corpus used in this article.

import pandas as pd  
  
df = pd.read\_csv("script/citations.csv", sep=r'[()]', header=None, engine='python')  
df

0  
0 http://web.archive.org/web/19961227213137/http...  
1 http://web.archive.org/web/19970129040247/http...  
2 http://web.archive.org/web/19970129043234/http...  
3 http://web.archive.org/web/19970408025117/http...  
4 http://web.archive.org/web/19970607182546/http...  
.. ...  
208 http://web.archive.org/web/20050408201723/http...  
209 http://web.archive.org/web/20050409003433/http...  
210 http://web.archive.org/web/20050429182028/http...  
211 http://web.archive.org/web/20051004052852/http...  
212 http://web.archive.org/web/20061112014451/http...  
  
[213 rows x 1 columns]

Primary and secondary literature.