

The History of Public Health: Current Themes and Approaches

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Changing Definitions of the History of Public Health

Public health history flourished after the Second World War within the historiographical interest in the administrative growth of modern states and the development of social welfare systems. In the histories written in the 1950s, the concept of public health was largely equated with the nineteenth-century 'sanitary idea' of environmental reform and methods of preventive medicine, such as vaccination. The limitation of infectious diseases by the turn of the twentieth century through environmental and preventive regulations was represented in these accounts as the triumphant culmination of a long tradition stretching back to biblical times. In 1952, René Sand, professor of social medicine at Brussels University, wrote a comprehensive account of what he called *The Advance to Social Medicine* from ancient to modern times.¹ Similar themes were subsequently explored by George Rosen in 1958 when he wrote what became a definitive textbook on the history of public health.² Both Sand's and Rosen's works were imposing, erudite surveys of health regulations from pre-Socratic times to the early years following the Second World War. Both accounts were written at a time when public health appeared to be victorious in achieving massive reductions in mortality rates in the Western world, when scientific medicine seemed to have almost eliminated the menace of pestilence. As a result, Sand and Rosen both wrote grand narratives of progress, arising from the technological advance of science and medicine and its capacities to combat endemic and epidemic disease. This heroic

1 René Sand, *The Advance to Social Medicine* (London, 1952).

2 George Rosen, *The History of Public Health* (New York, 1958).

vision was reinforced in 1976 by the conclusions of Professor of Social Medicine Thomas McKeown, that clinical medicine had played no part in the *Modern Rise of Population*, which had, he claimed, largely resulted from improved nutrition and environmental reforms such as the creation of clean water supplies.³

When the parameters of public health history were confined largely to sanitary reforms and the control of infectious diseases, it was possible to argue that, although public health was invented in the nineteenth century, it had been pre-figured in technological developments stretching back through time, such as the Mosaic Code and Roman baths and aqueducts.⁴ In the three decades following the 1960s, social historians of health, illness and disease began to challenge such a view. In 1961 the eminent social historian of nineteenth-century Britain, Asa Briggs, suggested that the story of cholera had been overlooked as a major factor in historical change in Victorian society.⁵ Subsequently historians began to explore not only cholera, but also the impact of epidemic and infectious disease on historical transformations in early modern and modern European and North American societies. Historians such as Margaret Pelling, William Coleman, Charles Rosenberg, Carlo Cippola, Paul Slack, James Riley, Richard Morris and Richard Evans used the economic, social, political and ideological responses to diseases to explore the complex ways in which change both caused and was determined by the impact of epidemics.⁶ This new historiography investigated the differential experience of epidemics by social classes, professionals, scientific and religious communities and political states and oligarchies.⁷ The scope of public health history expanded by the 1980s to include the social relations of ideas and actions taken collectively and individually in response to epidemic disasters. In addition historians such as William McNeill

3 Thomas McKeown, *The Role of Medicine – Dream, Mirage or Nemesis* (London, 1976); Thomas McKeown, *The Rise of Modern Population* (London, 1976).

4 George Rosen, *The History of Public Health* (New York, 1958).

5 Asa Briggs, 'Cholera and Society in the Nineteenth Century', *Past and Present*, 19 (1961), 76–96.

6 Margaret Pelling, *Cholera Fever and English Medicine 1825–1865* (Oxford, 1978); William Coleman, *Yellow Fever in the North: The Methods of Early Epidemiology* (Madison, Wisconsin, 1987); William Coleman, *Death is a Social Disease* (Madison, Wisconsin, 1982); Charles Rosenberg, *The Cholera Years 1832, 1849 and 1866* (Chicago, 1962); Carlo M. Cippola, *Faith, Reason and the Plague: A Tuscan Story of the Seventeenth Century* (Brighton, 1979); Paul Slack, *The Impact of Plague in Tudor and Stuart England* (London, 1985); James C. Riley, *Sickness, Recovery and Death: A History and Forecast of Ill Health* (London, 1989); Robert J. Morris, *Cholera 1832: The Social Response to an Epidemic* (London, 1976); Richard J. Evans, *Death In Hamburg: Society and Politics in the Cholera Years 1830–1910* (Oxford, 1987).

7 Kenneth F. Kiple, ed., *The Cambridge World History of Human Disease* (Cambridge, 1993).

and Alfred Crosby began to indicate how disease could influence, not only the relations between classes, ruling orders and political states, but also the way in which disease influenced the processes of imperialism and colonisation.⁸ Studies of the relations of health and imperialism have subsequently proliferated, revealing fascinating new insights into the role played by bio-politics in economic, military and political oppression.

At the same time, the changing epidemiological and demographic structure of past populations began to be probed by quantitative historians who tried to account, like McKeown, for the modern rise of populations. While numerous studies found McKeown's reasoning about 'hunger and history' to be flawed, the debate continued to rage about the causes of population growth.⁹ Quantitative historians added greatly to our knowledge of the social and economic relations of the past, however, by mapping the distributions of health and disease, differential patterns of height and weight between social strata, identifying factors encouraging increased fertility and trying to highlight a wide range of determinants of mortality decline.¹⁰

From the late 1980s, a new world-wide pandemic stimulated yet further directions in public health history. The experience of a contemporary epidemic in times when lethal infections had almost become a lost memory provoked powerful responses amongst historians, semiological analysts and literary theorists.¹¹ AIDS revived the historical study of stigma, encouraged new directions in inquiries into the meanings of representation and forcefully added to new debates about the social construction of everyday life.¹² Often stimulated by concerns to understand the

8 W. McNeill, *Plagues and Peoples* (New York, 1976); Alfred W. Crosby, *Ecological Imperialism: The Biological Expansion of Europe. 900–1900* (London, 1986).

9 Population Studies; Journal of Interdisciplinary History.

10 Theo Barker and Michael Drake, eds., *Population and Society in Britain 1850–1980* (London, 1982); Simon Szreter, 'The Importance of Social Intervention in Britain's Mortality Decline c.1850–1914: a Re-interpretation of the Role of Public Health', *Social History of Medicine*, 1 (1988), 1–37; Simon Szreter, *Fertility, Class and Gender in Britain 1860–1940* (Cambridge, 1996); E. Anthony Wrigley and Roger S. Schofield, *The Population History of England 1541–1871* (London, 1981).

11 Sander L. Gilman, *Sexuality an Illustrated History* (New York, 1989); Sander L. Gilman, *Disease and Representation* (Ithaca, N.Y., 1988); Sander L. Gilman, *Health and Illness: Images of Difference* (London, 1995); Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830–1980* (New York, 1986).

12 Charles Rosenberg, 'What is an Epidemic? AIDS in Historical Perspective', in Charles Rosenberg, ed., *Explaining Epidemics and Other Studies in the History of Medicine* (Cambridge, 1992); Elizabeth Fee and Daniel Fox, *AIDS: The Burdens of History* (Berkeley, CA., 1989); Elizabeth Fee and Daniel Fox, *AIDS – the Making of a Chronic Disease* (Berkeley, 1992); Virginia Ber-

historical meaning of AIDS, art historians and literary theorists added their skilful analyses to what sociologists had been interrogating from the late 1970s, that is the cultural significance of the body in comparative societies.¹³ In the 1990s, the historiography of health, disease and illness existed within a vastly expanded intellectual discourse on the relations between biology and culture, living and dead bodies.

A range of important philosophical and theoretical movements dating from the 1930s significantly influenced intellectual developments in public health history in the 1990s. In the 1960s the French 'archaeologist of knowledge', Michel Foucault, and a variety of Hegelian-Marxist thinkers from the 1930s, such as the Frankfurt School of Critical Theory, highlighted contradictions in the Enlightenment tradition in Western thought.¹⁴ Such a view fundamentally undermined any heroization of public health as a great achievement of Enlightenment rationalism. Historians influenced by these theoretical perspectives cross-examined the ways in which public health regulation contributed to the rise of a 'disciplinary culture' which Foucault argued was the defining characteristic of modern society.¹⁵ Equally, the role played by public health reform in facilitating the development of authoritarian bureaucratic government and the rise of professional power has been interrogated by leftist and Marxist critiques of the repressive nature of modern states.¹⁶ These concerns fed into a wide variety of new perspectives brought to bear upon what constitutes the history of public health which now embraces diverse subjects and enquiries from the multicultural politics of the body to examinations of the dramatically changing structure of modern welfare states and social policies.

Over the last four decades or so historians, social scientists and scholars from a range of intellectual disciplines have broadened the study of the economic, social and political relations of health and society extensively. Accounts of the progressive 'rise of civilisation' have long since gone out of fashion and 'grand narratives' them-

ridge, *AIDS in the UK: the Making of a Policy, 1981–1994* (Oxford, 1996); Virginia Berridge and Philip Strong, eds., *AIDS and Contemporary History* (Cambridge, 1993).

13 Bryan S. Turner, *The Body and Society: Explorations in Social Theory* (Oxford, 1984); Bryan S. Turner, *Regulating Bodies: Essays in Medical Sociology* (London, 1992); Dorrinda Outram, *The Body and the French Revolution: Sex, Class and Political Culture* (New Haven, 1989); Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (London, 1996).

14 Michael Foucault, *The Order of Things: An Archeology of the Human Sciences* (London, 1970); Max Horkheimer and Theodor Adorno, *The Dialectics of the Enlightenment*, trans. John Cumming (London, 1972).

15 David Armstrong, *The Political Anatomy of the Body* (Cambridge, 1983).

16 Dorothy Porter, ed., *The History of Health and the Modern State* (Amsterdam and Atlanta, 1994); Paul Weindling, *Health, Race and German Politics Between National Unification and Nazism 1870–1945* (Cambridge, 1989).

selves have never been more outcast than in the contemporary intellectual climate of postmodernist relativism.¹⁷ Heroic accounts of the triumphant emancipation of modern society from the primitive bondage of ignorance can no longer be sustained in a world in which many voices contribute to the reconstruction of the past who have different interests to identify within it.¹⁸ History writing is no longer dominated by one ideological vantage point even within Western societies where a new multicultural mix ensures that a huge variety of historical perspectives has been able to gain legitimate authority.¹⁹

The attention drawn to philosophical relativism by post-modernist theory is, however, only the most recent of many new intellectual and philosophical approaches to the writing of history which have developed since Sand and Rosen wrote their great works. The history of health, medicine and disease has profoundly reflected many different historiographical and intellectual directions between the 1960s and 1990s. As a result, what constitutes public health has been redefined beyond the predominantly nineteenth-century concept used by Sand, Rosen and their contemporaries and now concentrates on *the history of collective action in relation to the health of populations*.

The History of Collective Action in Relation to the Health of Populations

The broadest history of ideas, beliefs and actions in relation to health and illness would consider traditions of individual health regimens and the experiences of individuals themselves.²⁰ While individuals and their behaviour are not ignored in current public health histories, they are a subsidiary analytical category to collective social action in relation to populations and groups. That is, public health history is concerned largely with social, economic and political relations of health between

17 Joyce Appleby et al., eds., *Knowledge and Postmodernism in Historical Perspective* (London, 1994).

18 Terry Eagleton, *The Illusions of Postmodernism* (Oxford, 1996); Joyce Appleby et al., eds., *Knowledge and Postmodernism in Historical Perspective* (London, 1996); Jerry Topolski, ed., *Historiography Between Modernism and Postmodernism: Contributions to the Methodology of Historical Research* (Amsterdam, 1994).

19 George L. Clark, Dean Forbes and Roderick Francis, eds., *Multiculturalism, Difference and Postmodernism* (Melbourne, 1993).

20 Dorothy Porter and Roy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-century England* (Cambridge, 1989); Roy Porter and Dorothy Porter, In *Sickness and In Health: the British Experience 1650–1850* (London, 1988).

classes, social structures and organisations, pressure groups, politics and states. The focus on collective social action does not mean that the behaviour and beliefs of individuals are ignored. They only appear, however, to the extent that the actions, ideas and beliefs held by individuals bleed into the sphere of collective social action. This can mean discussing William Petty's methods of assessing the health of the mercantilist state through 'political arithmetic' in the seventeenth century or examining the role that socio-medical reformers such as Louis René Villermé played in public health reform in France in the nineteenth century. Sometimes the crucial actions of political rulers such as Bernabo Visconti in fourteenth-century Milan, or influential civil servants such as the Secretary to the first British Central Board of Health, Edwin Chadwick, have been analysed in detail.²¹

An exploration of the health of populations can avoid being limited by preconceptions which underlay examinations of 'public health' as defined in nineteenth-century terms.²² For example, we can explore how the concern of ruling elites in some ancient Mediterranean societies with their own comfort generated political actions derived from abstract theories and practical codes of health behaviour. This form of collective action needs to be differentiated, however, from comprehensive public health systems developed in much later periods that aimed to reform the conditions of existence and levels of mortality of all the social strata within a society. Collective actions explored in different chronological periods need to be identified according to their significance for expanding discourses on population health. For example, if we are to accept the conclusions of some historians of late antiquity that the hegemonic expansion of Christianity through institutionalised charity assisted the administrative development of social welfare provided for the sick,²³ then to what extent did this create a grammar for plague regulation in a later period?

Just as an older historiography argued that 'public health' was invented in the nineteenth century, it could be equally legitimate to argue that 'population' was invented in the seventeenth and eighteenth centuries. Historical demographers and historians of statistics have revealed the social and historical malleability of the concept of population.²⁴ As Karl Marx suggested, however, population needs to be in-

21 Coleman, *op.cit.* (ref. 6); Richard Palmer, 'The Control of Plague in Venice and Northern Italy, 1348–1600' (Ph.D. diss., University of Kent, 1978); Christopher Hamlin, *Public Health and Social Justice in the Age of Chadwick* (Cambridge, 1997).

22 William Frazer, *History of English Public Health 1834–1939* (London, 1950); S. Finer, *The Life and Times of Edwin Chadwick* (London, 1952).

23 Peregrine Horden, 'The Byzantine Welfare State: Image and Reality', *Society of the Social History of Medicine Bulletin* 37 (1985), 7–10.

24 Lorraine Daston, *Classical Probability in the Enlightenment* (Princeton, N.J., 1988); Karin Johannisson, 'Why Cure the Sick? Population Policy and Health Programs Within Eight-

vestigated as the social relations between classes, status groups, nations and societies. In this context, the concern with collective social action involves an analysis of the structural operation of power, which makes the political implications of population health in different periods and in different societies a central issue of historical research into the subject. In pre-modern societies this means paying attention to a wide variety of different theatres of power including city states, fiefdoms and dukedoms, monarchical realms and large institutional organisations of power such as the Church. In the modern period the study of the operation of power in relation to population health involves an examination of the rise of the modern state as an autonomous political sphere, the implications of health citizenship, and the different interpretations that have been made of the 'social contract' of health between the state and civil society.

The subject of the history of population health is distinct from the history of the theory and practice of therapeutic medicine. However, the history of public health cannot ignore the influence of biomedical theories and conceptual development of medicine. For example, in ancient Mediterranean societies medical theory reflected the emergence of rational, material beliefs about health and illness which allowed hygiene regimes to influence practical codes of settlement and colonisation of what were perceived to be healthy environments. Equally, the history of population health cannot ignore the influence of access to clinical medicine and the organisation of health and medical services. In the modern period, for example, the economic and political organisation of access to medical care has become crucially significant to health levels amongst populations which have increasing numbers of longer living, yet chronically sick, individuals. Because of changing demographic structures in advanced or post-industrial societies, social policies aimed at providing welfare to relieve social and economic disadvantage have become inherently linked to the costs of medical care. The mechanisms developed for meeting the costs of care need to be compared in a variety of national contexts.

Population health has not only been intimately linked to access to medical care, it has always depended upon collective provision of social welfare and needs to be discussed, therefore, within the broader history of welfare provision from ancient to industrial and post-industrial societies in the twentieth century. The history of social welfare has frequently been undertaken not only by social and political historians but also by social policy theorists examining the origins of their own discipline. As a result, the historiography of welfare has undergone a number of different 'paradigm shifts' which the history of collective action in relation to population health needs to take into account.

eenth-century Swedish Mercantilism', in Anders Brändström and Lars-Göran Tedebrand, eds., *Society, Health and Population during the Demographic Transition* (Stockholm, 1988).

Population Health, Welfare Provision and the Civilizing Process

At one time the historiography of welfare states conceptualised them as comprehensive systems of social security, funded and administered by centralised political organisations which first emerged in northern Europe in the first half of the nineteenth century following the French Revolution.²⁵ More recent studies have begun to explore changing forms of welfare provided by a myriad of agencies, from self-help and mutual aid to various types of collective distribution organised by political, voluntaristic, or commercial institutions, in communities with or without a centralisation of power.²⁶ The current challenge to the history of public health is to examine health care provision utilizing both of these conceptualisations by examining what determined change within mixed economies of welfare and how health care and social welfare have been influenced by ideologies of what might be called 'the civilizing process'.

In 1939 Norbert Elias attempted to investigate the sociological basis of belief by studying the long-term transformations in social structures and personality structures in European societies which defined their 'civilizing process'. He argued that 'the order of historical changes, their mechanics and their concrete mechanisms' could reveal the structural roots of changing standards of behaviour that determined social actions and formed social institutions.²⁷ He tried to investigate the sociogenesis and psychogenesis of what different societies identified as civilised behaviour. Elias' work stimulated what might now be called the historical sociology of feelings and experience. He focussed, for example, on historical transformations in the social construction of shame, delicacy and fear and the psychogenesis of the experience of ageing. He asked: how did the process of 'growing up' in Western societies change? But primarily Elias explored how historical transformations in these processes affected structural differentiation and integration within different societies. Contemporary history of public health needs to investigate how health figured within the construction of belief in society and the way in which this determined social integration and differentiation. Comparing narratives of population health is one way to approach this task; examining the influence of health regulation on the process of state formation is another. Elias was especially concerned with the way in which historical transformations in the sociogenesis of civility were linked to the

25 Douglas Ashford, *The Emergence of Welfare States* (Oxford, 1986); Peter Flora, ed., *Growth to Limits: the Western European Welfare State Since World War II* (Berlin, 1986).

26 Jonathan Barry and Colin Jones, eds. *Medicine, Charity and the Welfare State* (London, 1991).

27 Norbert Elias, *The Civilising Process* (London, 1994, 1st edition 1939), xv.

formation of the state, or the centralisation of power, in European societies.²⁸ The history of public health needs also to examine how collective actions which aimed to regulate or improve the health of populations were involved in changing the historical relationship between the civilizing process and state formation. In this context, the links between the history of public health and the history of social welfare are vital.

Until recently, far more attention has been paid to the history of state as opposed to voluntary welfare. One reason for the extensive focus given to state welfare has been the interest taken by social policy theorists in the modern history of their own subject. Analysts of contemporary welfare states consistently contextualize their investigations within the history of social policy in the nineteenth and twentieth centuries,²⁹ and frequently cite the influence of the British model on other systems. Britain has thus been given prominence within the context of comparative accounts.³⁰ Consequently the literature on the history of British welfare has expanded with numerous historians providing sometimes overlapping, if alternative, interpretations of the same events.³¹

The historian, the late Geoffrey Finlayson, argued however, that the historiography of the British Welfare state created an intellectual distortion of the subject as a whole. Finlayson suggested that most accounts of British welfare history offered Whiggish linear descriptions of progressive state expansion working its way teleologically toward the establishment of what Anne Digby and others have identified as the Classic Welfare state.³² This has influenced writing on the history of other welfare systems which also give tacit acknowledgement to the existence of a classical model of welfare experiencing a 'golden age' in the first two decades following the Second World War. Finlayson claimed that this linear historiography was not challenged until the integrity of the Welfare state itself was threatened by the political rhetoric of the New Right in the 1980s, which also questioned the pa-

28 *Ibid.*, 335–421.

29 Vic George and Peter Taylor-Gooby, eds., *Squaring the European Welfare Policy Circle* (London, 1996).

30 Gösta Esping-Andersen, *The Three Worlds of Welfare Capitalism* (Cambridge, 1990); Gösta Esping-Andersen, 'After the Golden Age? Welfare State Dilemmas in a Global Economy', in Gösta Esping-Andersen, ed., *Welfare States in Transition. National Adaptations in Global Economies* (London, 1997), 1–31.

31 Rodney Lowe, *The Welfare State in Britain Since 1945* (London, 1993); Nicholas Deakin, *The Politics of Welfare: Continuities and Change* (London, 1994); Howard Glennerster, *British Social Policy Since 1945* (Oxford, 1995); N. Timmins, *The Five Giants. A Biography of the Welfare State* (London, 1995).

32 Anne Digby, *British Welfare Policy. Workhouse to Workfare* (London, 1989).

rameters of democratic citizenship. The New Right brought attention upon the historical alternatives to statutory welfare provision and began to highlight the role of contributory citizenship in achieving a citizenship of entitlement, the necessity for rights to be earned through the undertaking of social and economic responsibilities. A New Right political consensus emphasised the value of individualistic resolutions to the provision of welfare through voluntarism, self-help and mutual aid.

Whether Finlayson's interpretation of the political motivations underlying an historiographical shift were correct or not, his observation that from the 1980s, historians began to pay increasing attention to voluntarist welfare certainly had merit. To begin with, new investigations were undertaken on health care and welfare provision 'Before the Welfare state'.³³ Peregrine Horden revealed the intricate networks of social provision amongst early medieval European communities.³⁴ The expansion of this complex web of charity provision has been explored in the late medieval and early modern periods.³⁵ Jonathan Barry and Colin Jones edited a seminal collection of essays that documented the mixed economies of welfare in Europe up to the beginning of the twentieth century.³⁶

One of the themes of the historiography of voluntary welfare was the public rather than the private nature of charity. Sandra Cavallo demonstrated the intricate nature of the relationship of charity hospitals in early modern Italian city-states with local governments.³⁷ Anne Borsay illustrated the growth of associative charities in England, such as the voluntary hospital movement and charity schools, that were set up on the model of publicly owned joint stock companies, made possible by financial reforms enacted in the early eighteenth century.³⁸ Alan Mitchell and Paul

33 Jonathan Barry and Colin Jones, eds., *Medicine, Charity and the Welfare State* (London, 1991).

34 Peregrine Horden, 'The Byzantine Welfare State: Image and Reality', *Society of the Social History of Medicine Bulletin* 37 (1995), 7–10.

35 Richard Palmer, 'The Church, Leprosy and Plague in Medieval and Early Modern Europe', in W. J. Shiels, ed., *The Church and Healing: Papers Read at the Twentieth Summer Meeting and the Twenty-first Winter Meeting of the Ecclesiastical History Society* (Oxford, 1982), 79–101.

36 Jonathan Barry and Colin Jones, eds. *Medicine, Charity and the Welfare State* (London, 1991).

37 Sandra Cavallo, 'The Motivations of Benefactors: An Overview of Approaches to the Study of Charity', in Jonathan Barry and Colin Jones, eds., *Medicine, Charity and the Welfare State* (London, 1991), 46–62.

38 Anne Borsay, 'Patrons and Governors: Aspects of the Social History of the Bath Infirmary, c. 1739–1830' (Ph.D. diss., University of Wales, Lampeter, 1999).

Weindling have shown how mutual aid organisations set up in Germany and France in the nineteenth century were collectivist 'communities' of skilled workers and artisans founded on the principles of self-help.³⁹ The public nature of charity highlighted the role of a wide range of social groups in the organisation of health care and charity. Borsay illustrated the way in which associative charity revealed the emergence of a middle class in eighteenth-century English society. Cavallo brought attention to the role of women as both benefactors and recipients in hospital charity in early modern Italy and England.⁴⁰ Other feminist historians discussed the participation of women in 'active citizenship' or in a 'citizenship of contribution' through the voluntary organisation of health and social welfare in the nineteenth and early twentieth centuries.⁴¹

Finlayson was right, therefore, to suggest that the dismantling of the older historiography of the welfare state created new opportunities for a new generation of historians living in a new era. He was wrong, however, to dismiss the need for further investigation into the history of what he called political collectivism and the provision of welfare because throughout its history population health, at least, depended on the collectivist operation of power. In the history of public health in the early modern and modern periods this is especially crucial because the social contract of health has been inherently linked to state formation and the development of citizenship. The investigation of health citizenship justifies continued attention to the history of political collectivism for two reasons.

First, the creators of the classic welfare state based upon the principle of universalism believed that the expansion of central government was the route to increased egalitarianism in the social and economic relations of industrial capitalist society.⁴²

39 Alan Mitchell, *The Divided Path: The German Influence on Social Policy Reform in France After 1870* (Chapel Hill, 1991); Paul Weindling, 'The Modernisation of Charity in Nineteenth-Century France and Germany', in Jonathan Barry and Colin Jones, eds., *Medicine and Charity Before the Welfare State* (London, 1991), 190–206.

40 Sandra Cavallo, 'The Motivations of Benefactors: An Overview of Approaches to the Study of Charity', in Jonathan Barry and Colin Jones, eds., *Medicine, Charity and the Welfare State* (London, 1991), 46–62.

41 Jane Lewis, *Women's Welfare, Women's Rights* (London, 1983); Jane Lewis, *Women and Social Action in Victorian and Edwardian England* (Brighton, 1991); Susan Pedersen, *Family Dependence and the Origins of the Welfare State: Britain and France 1914–1945* (Cambridge, 1993); Anne Digby, 'Poverty, Health and the Politics of Gender in Britain, 1870–1948' in Anne Digby and John Stewart, eds., *Gender, Health and Welfare* (London, 1996), 67–90.

42 Martin Daunton, 'Payment and Participation: Welfare and State Formation in Britain 1900–1951', *Past and Present* 150 (1996), 169–216; Alan Deacon, 'The Dilemmas of Welfare: Titmuss, Murray and Mead,' in S. J. D. Green and R. C. Whiting, eds., *The Boundaries of the State*

As a result they assumed that the statutory universal guarantee of minimum living standards without stigma would act as a counter force to structural inequality produced by free market economies and would create a citizenship of entitlement for all. But in doing so, the architects of the modern welfare state did not lose sight of an equally long tradition within the concept of democratic citizenship in which entitlements were earned through the fulfilment of social obligations.⁴³ In order to explore the complexities of the rights and obligations of health citizenship, it is impossible to ignore the history of political collectivism and the history of central state expansion. The history of the active citizenship of contribution in voluntaristic and charity organisations needs to be examined in relation to the 'active' fulfilment of obligations and social responsibilities required before health citizenship as a citizenship of entitlement is granted by the state. Nowhere is this more profoundly reflected than in the history of conflicts between the liberty of the individual and the rights of the community in relation to the health of populations and, in the modern period, specifically the rights and obligations of democratic citizens to the provision of medical care.

Secondly, the history of political collectivism and central state expansion has yet further value for historians of population health, especially those concerned with the influence of scientific rationalism upon ideological and cultural transformations. Here the task is to explore the cultures of politics and the narratives of government as they were constructed and deconstructed through the languages of natural philosophical rationalism and positivistic scientism. This subject is intimately connected to the relationship between scientific rationalism and the social construction of expertise. In the modern period, for example, this is a subject which needs to explore the relationship between scientific research and the construction and application of public policy.⁴⁴

in Modern Britain (Cambridge, 1996), 191–213; Nicholas Deakin, *The Politics of Welfare: Continuities and Change* (London, 1994).

⁴³ Dorothy Porter, *Health, Civilisation and the State. A History of Public Health from Ancient to Modern Times* (London, 1999).

⁴⁴ See for example, Virginia Berridge, Jenny Stanton, Stuart Anderson, Mark Bufton and Kelly Loughlin, 'Science, Policy and the Healthy Life', Session at the European Association for the History of Medicine and Health and the International Network for the History of Public Health, *The Healthy Life: People, Perceptions and Politics* (Conference, Almuncar, Spain, 2–5th September, 1999).

Conclusion: Population Health and the Operation of Power

The history of collective actions in relation to the health of populations is a broad study requiring an interdisciplinary mixture of investigative methods and acknowledges no chronological boundaries. One unifying theme, however, is that the history of population health is inherently linked to the history of the operation of power. This means examining population health as a political phenomenon in all chronological periods and in different national and international contexts. On the one hand, as a political phenomenon the history of collective actions in relation to population health has been intricately bound to the history of the provision of welfare both in the context of centralised welfare states and within the context of welfare provided by voluntaristic and market agencies. On the other hand, the history of population health has been bound to the politics of knowledge and the practice of expertise. In the latter context it is necessary to examine the relationship between the history of ideas and political actions, for example in the relationship between science and public policy.

The launch of the new journal comes at an especially important moment, offering the opportunity for a rich enhancement of the subject through dialogue across methodological and conceptual boundaries. It also offers the opportunity to explore the history of public health beyond any chronological or territorial boundaries from the ancient past even perhaps to speculation upon possible futures.