Theme: PUBLIC HEALTH (health and well-being of population as a whole)	🙂	😐	🙁
1. Where was public health worse in the Medieval period? • **Medieval towns** – built near a water supply – rivers or lakes, water supply = local springs, wells or rivers – some towns had remaining Roman supply systems BUT towns grew which led to increased demand – some towns = wood or lead pipes • **Sewage** – usually disposed of river / streams but some people threw waste into street, privies (outside toilets) with cesspits underneath – sewage collected by gong farmers (manure for farmers) BUT if not emptied regularly cesspits seeped into soil and polluted rivers and wells • **Bad air** – people did not link dirt and disease but did believe bad smells carried disease so keen to clean up • **Town councils** – tried to enforce laws to prevent businesses polluting river with waste e.g. leather tanners (dangerous chemicals) or butchers (offal and animal waste) and trade guilds tried to regulate practice e.g. certain days • **Limited impact** – methods to catch those who broke laws / regulations difficult if not seen, not always compulsory so not adhered to • **Case study: medieval Coventry** – was it really that bad?			
2. Where was public health better? Wealthy households and religious buildings tended to have better health • **Monasteries and Abbeys** – cleanliness next to godliness, located in isolated countryside, water important resource for monks, needed to supply mills and breweries, lavatories for washing and improved systems of waste disposal • **Monks' routines** – religious routines of cleanliness, regular(?) baths, washing of clothes, washing hands, feet and faces as religious ceremony, infirmaries • **Reasons for improved conditions** – wealth of monasteries and the Church – money donated in return for prayers, monks made money from production of wool – large countryside needed – away from disease-ridden towns, monks educated and disciplined – access to medical books and knowledge, trained in use of herbs for infirmaries, routines (e.g. Romans) encouraged • **Belief** - Church believed lay people (ordinary people) were sinful and punished by epidemics and outbreaks of disease – their isolation fed into this belief			

3. Consequence of poor public health: the Black Death

Recap – ideas about cause, prevention and cure

- **Real cause** – Yersinia pestis (bacteria) lived in stomach of fleas who lived on blood of rats, when rat died fleas moved to human host, poor people in Medieval times – poor diet and low immunity, crowded towns, ports and lack of knowledge of cause of disease, crude disposal of bodies – dug up at night by wild animals, animals kept inside homes so increased risk from fleas
- **Dealing with the Black Death** – some local councils attempted to introduce quarantine but limited impact, rich people able to flee to countryside – poor worst affected
- **Impact of the Black Death on society** – death rate, economic impact – peasant population killed – food shortages leading to starvation, change to sheep farming as needed fewer workers, inflation – food price increased, peasants began to leave village in search of work, feudal system turned upside down – peasants demand higher wages, laws introduced to limit gains made by peasants, Statute of Labourers (long term – Peasants' Revolt)
- **Impact of Black Death on the church** – Catholic Church criticised for cowardice as bishops etc. fled from the disease, many priests died – loss of experienced clergy, questions at deaths of priests as sinful, persecution of minorities e.g. Jews, foreigners, beggars and lepers.

4. Did ideas on public health progress during the Renaissance?

- **Evidence from the Great Plague** – improved, organised approach shown BUT still misunderstandings and huge numbers of deaths for the poor / rich ability to flee
- **Hospital care** – move away from Church run hospitals to those funded by wealthy patrons or charities – more scientific, evidence based approach
- **Edward Jenner** – Government finding provided to Edward Jenner to investigate vaccination and made compulsory by the British government in 1853

5. How dirty were Britain's towns in the early 1800's?

- **Poor state of Britain's public health** – low average life expectancy for working class in towns, high infant mortality in towns despite improved medical knowledge
- **Population growth** – new factories attract workers, overcrowding, new housing needed – quick and cheap – back to back, 5+ in one small room
- **Disease in the slums** – T.B., smallpox, diphtheria, typhoid, cholera – no knowledge of cause or prevention, water supply contaminated, privies, human manure in street
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6. How did cholera epidemics change the government's response to disease?

- **Cholera – death rates** – 1831-50,000 people died, symptoms – sickness, diarrhoea, blue skin, coma and death – new and frightening due to speed of deaths
- **Cholera - cause** – ideas at the time = Miasmatists vs. Contagionists, real cause = contaminated water
- **Edwin Chadwick's report** – government set up enquiry to investigate living conditions, Chadwick = official in charge, report published 10,000 copies handed out to influential individuals (politicians, journalists etc.) Chadwick mistaken as to cause = miasmatist but he recommended cleaning up towns and water supply
- **Government attitude** – laissez-faire – 'leave alone' – no government interference in people's lives, cholera changed this attitude – **Public Health Act 1848** passed – gave local councils power to spend money on cleaning up towns BUT NOT COMPULSORY
- **John Snow and the Broad Street Pump** – despite limited government action cholera returned, Dr John Snow – famous surgeon – major breakthrough proving link between cholera and water supply by mapping deaths and linking victims to pump
- **The Great Stink 1858** – heatwave in summer caused filth in River Thames to smell, MPs refused to attend parliament, appeal to Joseph Bazalgette to design and build new sewer system for London – no return of cholera – government pro-active
- **Death of Laissez – Faire** – 1867 Reform Act allowed working class men to vote – politicians need votes so promise to improve conditions in towns, Conservative government introduced public health laws as secured majority of working votes

7. How has the government's role changes in the 20th Century?

- **Change in attitudes** – modern politicians believe they must help and protect the people they serve – pro-active in preventing public health issues, money spent on healthcare and research e.g. breast cancer screening
- **Impact of WW1 and WW2 on government's approach** – aftermath of war = public demand and government response for safe and peaceful future, lack of military spending – investment in future, rebuilding lives etc.
- **WW2** – war highlighted need for healthier diet, problem of poverty in cities remained (evacuation), NHS – need to organise healthcare on a national basis

8. Why did the government try to improve the nation's health after 1900?

- **National health pre-WW1:** unhealthy nation = unhealthy and inefficient workforce, dangerous for competition with Germany / USA, proven by Boer War recruits
- **Booth and Rowntree – further evidence for poor public health:** investigations into conditions for the poor proved poverty not the fault of the poor (laissez-faire attitude challenged) Booth – London / Rowntree – York – found high % of poverty – new belief = it was the government's responsibility to look after these people

- **Liberal Social reforms =** CHILDREN = Free School Meals, school medical checks, Children's Act (protected children), education for girls in motherhood, WORKERS – National Insurance (protect against sickened when unable to work) and job centres, OLD PEOPLE – Pensions (to help in old age and no longer working) FAMILIES – slum clearance programmes and health visitors for pregnant mothers
- **Impact of Liberal Social Reforms on public health:** fall in infant mortality

9. What is the welfare state?

- **Welfare state** – system by which government aims to help those in need – ensures people have help and access to food, shelter, clothing, medical care, education and basic needs if needed

- **Before WW1 and WW2** – little help from government – workhouses – places people dreaded

- **After WW1 and WW2** – change in attitude – a better and fairer system of healthcare – winning wars should mean a better future, Beveridge Report (1942) people right to be free from 5 giants (disease, want, ignorance, idleness, squalor) from cradle to grave, Beveridge's recommendations put into practice by new Labour Government

- **Development of NHS** – Aneurin Bevan, Minister for Health appointed to introduce the NHS – before this up to 8 million people never seen doctor as could not afford to

- **Cost of NHS –** paid for through taxation, today not totally free (18+ pay for prescription) but other services free e.g. family planning, cancer screening, surgery…

- **NHS – 'hot topic' –** still in news, overworked doctors and nurses, staff shortages dirty wards, death rates, emergency services, wait times, larger elderly population etc.

- **Prevention better than cure –** tobacco advertising banned, packets of cigarettes carry health warning, no smoking in cars with children, signs for stroke, CPR, 5 a day, 'sugar tax', 'digital therapy' (face time appointments with a doctor!) if home-bound