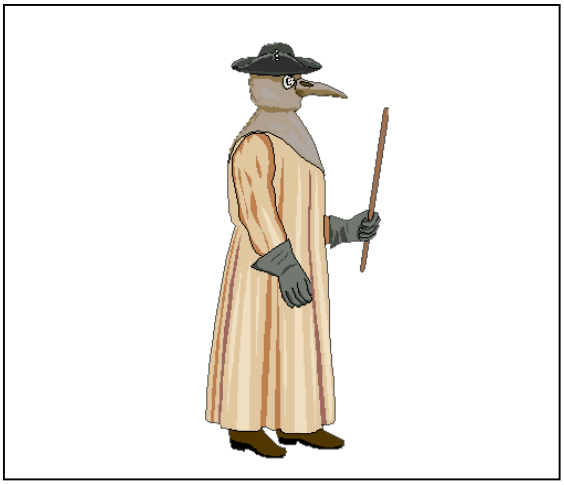
GCSE History

The People's Health c.1250 – Present Day



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PERIOD	Learners should study the following content:
MEDIEVAL BRITAIN c.1250 – c.1500	• The characteristic features of medieval Britain: an overview • Living conditions: housing, food, clean water and waste. • Responses to the Black Death: beliefs and actions • Approaches to public health in late-medieval towns and monasteries
EARLY MODERN BRITAIN c.1500 – c.1750	• Cultural, social and economic change including the growth of towns: an overview • Changing living conditions: housing, food, clean water and waste • Responses to outbreaks of plague including national plague orders & local reactions • The impact of local and national government on public health including measures to improve the urban environment & the government response to the Gin Craze, 1660 –1751
INDUSTRIAL REVOLUTION c.1750 – c.1900	• Industrialisation, the growth of major cities and political change: an overview • Urban living conditions: housing, food, clean water & waste • Responses to cholera epidemics • Public health reform in the 19th Century including the Public Health Acts & local initiatives
BRITAIN SINCE c.1900	• Economic, political, social and cultural change: an overview • Living conditions and lifestyles: housing, food, air quality and inactivity • Responses to Spanish Influenza and AIDS • Growing government involvement in public health including pollution controls, anti-smoking initiatives and the promotion of healthy lifestyles

MEDIEVAL BRITAIN c.1250 – c.1500

BACKGROUND – PEOPLE'S HEALTH WAS POOR

- **BAV** - Widespread **BELIEF** in **GOD (RELIGION)** and **THEORY OF THE FOUR HUMOURS** as a **CAUSE OF ILLNESS**. The Roman idea of **BAD AIR** was still believed in by some, but was **not** the most popular belief. **Herbal remedies & bloodletting** were the most widely accepted treatments for illness.
- **URB** - Most people lived in **small, rural communities –** relatively unpolluted. Urban populations were generally **SMALL** by modern standards, **apart from London (50,000 – 100,000)**, but **living conditions could be dreadfully unhygienic**: open sewers; cesspits; livestock within towns.
- **WP** – Although overseas trade increased throughout the period, medieval society was relatively **POOR** – not a great deal of **MONEY** to maintain an effective system. **Rich kings and lords** lived in **stone castles** – healthier than small wooden cottages for the peasants.

  Doctors could only be afforded by the rich. The poor turned to **wise women** and **barber-surgeons** for medical treatment.
- **LNG -** government was **not** expected to be involved in healthcare, which was controlled by the **CHURCH** (e.g. ran leper hospitals - St Mary Magdalen, Cambridge). **Kings (**Edward III ordered London's streets cleaned) **and town councils did more after the crisis of the Black Death (1348),** but it was mainly isolated examples, such as donating money to hospitals (Queen Anne of Bohemia (King Richard II's wife) supported St Giles Hospital in Norwich), lead pipes which carried water from River Tyburn into London (13th Century) and more carts for the removal of waste from London (there were 12 by **c.1400**).
- **ST** - **both were limited in the Middle Ages** – **no knowledge of germs** and **continued reliance on the ancient teachings** of the Roman doctor, **Galen**. **Wood & stone were the main building materials** – could build hospitals modelled on Churches (St Giles Hospital, Norwich) and small scale water supply systems for castles & monasteries.

FOOD/DIET

- **No real understanding of a balanced diet – ancient idea of eating a mix of foods (BAV)**
- **Potage – meat & vegetable stew cooked in a pot – most of nutrients boiled away. (ST) (WP)**
- **The rich (hunting) and townspeople (wealth) had more meat in their diet. (WP) (URB)**
- **Limited means of seasoning and preserving foods – salt & exotic spices were expensive (WP); diet was seasonal – more meat in autumn & winter when animals were slaughtered.**
- **Food shortages were common: e.g. The Great Famine (1315) – thousands starved to death.**

KEY PEOPLE

- **GALEN - Roman doctor – reliance on his teachings.**
- **KING EDWARD III – ordered London's streets cleaned during Black Death.**
- **RICHARD WHITTINGTON – Lord Mayor of London – new sense of responsibility for people's health after the Black Death.**

EPIDEMIC: THE BLACK DEATH (1348-50)

- The most devastating outbreak of **Plague, Bubonic & Pneumonic**.
- Killed about a **third** of the population of England.
- Killed about **half** of London's population. (Towns & monasteries suffered more than villages: disease could spread quickly in these communities.)
- **What did people believe had caused it?** Punishment from God; bad air; the position of the planets; imbalance in the 4 humours; evil spirits.
- **How did people try to avoid it?** Prayer & pilgrimage; wearing charms.
- **How did people try to cure it?** Dried toads on boils; herbal remedies; prayer.
- **How did government respond?** Cleaned the streets of London (ordered by King Edward III); buried victims in well-organised mass graves.
- **What changed after the Black Death?** Local government in London employed more officials to oversee street cleaning and the disposal of waste; **Richard Whittington, Lord Mayor of London** (**14th & 15th C.**) – built first public toilets; drinking fountains & a hospital for the poor.

EARLY MODERN BRITAIN c.1500 – c.1750

BACKGROUND – PEOPLE'S HEALTH STILL POOR: THE START OF IMPROVEMENT

- **BAV** - Continued widespread **BELIEF** in **GOD (RELIGION)** and **THEORY OF THE FOUR HUMOURS** as a **CAUSE OF ILLNESS**. **BAD AIR** was becoming a more popular belief. **Herbal remedies & bloodletting** remained the common treatments for illness.

- **URB - URBAN POPULATIONS** were still generally **SMALL** by modern standards. Most towns grew modestly, apart from London which started to grow dramatically **(c. 1500 – 50,000-100,000; c.1750 – over 600,000)**. Living conditions continued to be dreadful.

- **WP** – Early Modern society was relatively **POOR,** but Kings generally were richer than medieval kings. **Expansion of trade and early imperial expansion** following the voyages of discovery, especially of the Americas, increased wealth; By 1750 Britain had colonies in the Americas & Asia. Rich kings and lords lived in grand stone country and town houses – healthier than the smaller wooden cottages for the peasants.

  Only the rich could afford **university-trained doctors**, poor people relied on **apothecaries** (untrained pharmacists), **'quacks'** (untrained doctors who sold medicines – often popular due to their exotic marketing tricks) and **'wise women'** (increasingly marginalised in healthcare as witches).

- **LNG** - government was not expected to be heavily involved in healthcare, but the control of the **CHURCH** was weakening, e.g. **Dissolution of the Monasteries (1530s)** led to **closure of most monastic hospitals**.

  Examples of government measures included the construction of **NEW RIVER** in **1613** (reign of **James I**) to supply London with water from springs in Ware and **QUARANTINE** measures for London enforced during the **Great Plague (1665)** by the **Lord Mayor, under King Charles II: red crosses painted on doors; guards posted at the ends of infected streets; mass burial of dead outside the city at night after 9pm curfew; doctors dressed in bird-like protective clothing; 'pesthouse' hospitals for treating victims; killing of stray cats & dogs** – not always successfully enforced, e.g. people did leave the city; flea-infested cloth delivered to **Eyam** village, which had **self-imposed quarantine (1665-66) suggested by its vicar** – government not involved in any way.

  Public health measures were largely left up to local government. **'The Gin Craze'** of the late 17th & 1st half of 18th Century highlights how **national government struggled to deal effectively with a health risk which caused widespread concern**, e.g. 1729 - 1751 - 5 Acts of Parliament to limit Gin consumption.

- **ST** - **Engineering advanced from the medieval period**: wood & stone still common, but **bricks** increasingly being used. Improvements to pumping equipment had little immediate effect on public health measures – required effective power source, e.g. New River relied on gravity and lead-lined aqueducts.

  The **'Scientific Revolution'** meant that **ancient teachings, including Galen's, were questioned** by doctors such as **Vesalius, Harvey and Pare**. From now on medicine & healthcare increasingly would be based on scientific ideas & methods, but there was **still no knowledge of germs**, but the **microscope was invented in the 17th Century**, making their discovery possible.

FOOD/DIET

- **More meat for the rich. (WP)**
- **Raw vegetables seen as peasant food. (WP) (BAV)**
- **Lots of beer – water unsafe to drink. (ST)**
- **Lots of white bread for everyone – low in fibre. (ST)**
- **Sugared wine for the rich – more overseas trade. (WP)**
- **Little fresh fruit eaten – strawberries (high in sugar) favoured by King Henry VIII. (WP) (BAV)**

KEY PEOPLE

- **KING JAMES I** – paid half the costs of building 'New River' **(1613)**.
- **WILLIAM HARVEY** – proved blood circulation (new scientific approach to medicine **(1628)**.
- **KING CHARLES II** – ensured London placed under strict quarantine by the Lord Mayor **(1665)**. His death at the hands of his doctors proved how they still relied on unscientific ancient treatments **(1685)**.
- **WILLIAM MOMPESSON** – vicar of Eyam plague village who proposed their self-imposed quarantine **(1665-66)**.

EPIDEMIC: THE GREAT PLAGUE OF LONDON (1665)

The government's response to Plague in 1665 seems to have been relatively effective:

1. **Detailed quarantine plans** were followed by national and local government.
2. **Only a few outbreaks outside London**.
3. **Proportion of London's population that died (about 25%) was much lower than in 1349** (when about 50% of the city died), although more people died (about **100,000**).
4. **It was the last major outbreak of Plague after over 300 years of outbreaks** of the disease in every generation somewhere in Britain.

However this impressive response needs to be seen in the context of early modern Britain:

1. **Plague was a terrifying disease** – killed quickly; horrific symptoms (boils; vomiting; terrible pain); it kept coming back (**8 major outbreaks** in 16th & 17th Centuries) & its cause was still unknown – many still believed it was God's punishment. **Governments had to be seen to do something to deal with it!**
2. The **first national measure for dealing with a plague outbreak** was **a proclamation by King Henry VIII in 1518** – it said that **houses with a plague victim had to be identified** and **bundles of straw should be hung at the windows** to mark them.
3. Over time **local councils added to these instructions with their own measures**, e.g. **York councillors in 1550s posted watchmen** on the bridge in the middle of the city to restrict movement during a plague outbreak.
4. **In 1578 Queen Elizabeth I had 'Plague Orders' sent to all countries and towns** in England which said what had to be done during a plague outbreak. **Most of what was done in the 1665 Great Plague was based on these instructions**.

So by 1665 national and local governments had been developing ways of dealing with plague for about 150 years. Even so, they still had **no idea what caused the disease** (people wore Abracadabra charms for protection)**, no cure was found** (treatments like 'Plague Water' were useless) and they had **no idea that 1665 would be the last outbreak**.

INDUSTRIAL REVOLUTION c.1750 – c.1900

BACKGROUND – THE TURNING POINT IN PEOPLE'S HEALTH

Eventually set up effective Public Health provision – things got worse before they got better!

- **BAV** - Widespread **BELIEF** in **BAD AIR ('MIASMA'), replaced by GERM THEORY (1861 onwards),** as a **CAUSE OF ILLNESS** – **BOTH** ideas meant a Public Health System of some kind made sense. **LAISSEZ-FAIRE attitude** was widespread for most of the period.

- **URB** – Towns and cities grew massively at this time as a result of the Industrial Revolution (e.g. **London quadrupled in size**). Living conditions remained dreadful: industrial pollution; poorly built housing; overcrowding; inadequate sanitation; **TB & CHOLERA** (arrived in **1831** - major epidemics every decade up to 1870s) were the big killer diseases. **Town planning** experiments (1870s onwards) proved healthier cities were possible.

- **WP** - Britain was now the **RICHEST** country in the world **(EMPIRE & INDUSTRY)** but millions of ordinary people were **POOR** (from **1834 workhouses provided basic poor relief & limited healthcare**) – there was enough money to maintain an effective system.

  Healthcare remained expensive with the poor still largely relying on **untrained help** and **cheap patent medicines** (not scientifically tested). **Doctors** had more poor patients, but were still mainly for the rich. **Nurses** became trained professionals (**1860**), but the **cost of hospital treatment** limited who could be helped.

- **LNG -** Government was slow to get involved in Public Health: **LAISSEZ-FAIRE** informed public opinion from 1830s to 1870s – national & local governments were reluctant to spend money. A few pioneers, such as **EDWIN CHADWICK**, campaigned for governments to do more, but measures were inadequate before the **2nd PUBLIC HEALTH ACT (1875)**: local councils must have clean water supply; sewers and a district medical officer to oversee it. **Chadwick's 1842 Report; 1st Public Health Act (1848)** – voluntary for local councils**; Broad Street Pump Case (1854); The 'Great Stink' (1858); Bazalgette's sewers for London (1865); 1867 Reform Act** (extension of right to vote to most working class men – Public Health had to be a priority for governments from now on) – the main examples of the gradual advance in government involvement.

- **ST** - Engineering advanced dramatically using the new **TECHNOLOGY** of the Industrial Revolution: steam engines could pump thousands of litres of water; mass produced bricks & clay pipes to line water pipes & sewers; iron, steel and high grade copper. **JOSEPH BAZALGETTE** built London's modern sewer system **(1858 – 1865)** – unprecedented construction project. More and larger urban hospitals could be built (privately) to treat population – organised under **Nightingale's principles for cleanliness (1860 onwards)**.

  GERM THEORY (1861 onwards) developed by **LOUIS PASTEUR** and **ROBERT KOCH** – cause of disease now understood, leading to development of **vaccines** (e.g. Rabies in 1885) initially and all subsequent anti-bacterial medicine in the 20th Century.

FOOD/DIET

- Britain had become richest country in the world thanks to Ind. Rev. & vast overseas empire **(WP) (LNG)** – wide range of imported foods available for banquets for the rich – showed off their wealth with exotic foods and many courses.
- Cooking ranges (ovens) made more elaborate meals possible. **(ST)**
- Railways, steam ships, canned foods & refrigeration made it possible for food to be transported & stored safely for longer, e.g. Fish & Chips became popular nationwide – not just on the coasts. **(ST)**
- Afternoon tea became popular with rich with evening meals being held later in the evening – gas lighting **(ST)**.
- The diet of the poor often still limited: servants relied on 'leftovers' from rich banquets; cheap, out of date vegetables; workhouse 'gruel' (watery oatmeal) **(WP)**

KEY PEOPLE

- **EDWIN CHADWICK** – government official responsible for workhouses, published report which proved link between living conditions and low life expectancy **(1842)**.
- **JOHN SNOW** – proved Cholera was waterborne **(1854)**.
- **FLORENCE NIGHTINGALE** – transformed hospital management and nursing **(1860)**.
- **LOUIS PASTEUR & ROBERT KOCH** – developed germ theory to explain disease **(1861-1882).**
- **JOSEPH BAZALGETTE** – built London's modern sewer system – ended the threat of Cholera **(1865)**.
- **BENJAMIN DISRAELI –** PM who passed the 2nd Public Health Act **(1875)**.
- **JOSEPH CHAMBERLAIN** – Mayor of Birmingham **(1870s)** – carried out large scale slum clearances.
- **GEORGE CADBURY** – built Bournville – a workers' model village **(1890s)**.

EPIDEMIC: CHOLERA (1831 ONWARDS)

1831 – Cholera arrived in Britain for the 1st time – the **government imposed quarantine** on the country with **no significant effect** – there was **no understanding of how Cholera spread** (most widely held view was ***miasma*** **(bad air)**) and ***laissez-faire*** **attitude** meant the **government was reluctant to do more** to fight the disease. **Death from Cholera was random, rapid & repulsive:** vomiting, diarrhoea, skin turned blue, death in under 2 days; returned every decade and killed tens of thousands each time.

1848 – 2nd outbreak – In response the government passed the **1st Public Health Act** which **allowed local councils to improve water supply and waste disposal** and **set up the General Board of Health**, led by **Chadwick**, to advise local councils on public health.

1854 – 3rd outbreak – General Board of Health shutdown. Dr John Snow scientifically proved Cholera was a waterborne disease through the **Broad Street Pump** in Soho but was **ignored.**

1857 - 1865 – 'The Great Stink' in London (& **fear** of another Cholera outbreak) led to the building of **Bazalgette's sewers.** On completion they **proved Snow had been right** (only part of London affected by **4th outbreak** was the **East End** which was **not yet served by the sewer system.**

1875 – 2nd Public Health Act made it **COMPULSORY** for **all local councils to provide a clean water supply and effective waste disposal. Local Cholera outbreaks diminished** up to the end of the century as **local councils gradually put into place the requirements of the 1875 Act,** even before the development of a **Cholera vaccine** in **1892.**

So it took **over 40 years** for **governments to act effectively against Cholera** by eventually **turning away from an uncompromising *laissez-faire* attitude.**

BRITAIN SINCE c.1900

BACKGROUND – PEOPLE'S HEALTH TRANSFORMED

- **BAV** - **LAISSEZ-FAIRE attitude** continued to decline – healthcare not just the responsibility of the individual.
- **URB** - Continued growth of **LARGE URBAN POPULATIONS** meant there was still potential for poor living conditions & made hospital & water supply building priorities. Town planning innovations (1880s-90s – Port Sunlight; Bournville; Garden City movement 1890s-1920s; New Town movement 1940s-1960s – needed to rebuild after WWII city bombing) & sociological studies (**Booth** & **Rowntree**) proved healthier cities were possible. In **1956** the **Clean Air Act** brought in strict regulations on **air pollution** in urban areas.
- **WP** - Enough **MONEY** to afford expensive Public Health System, including modern hospital facilities (most hospitals still private charities up to 1948) – Britain remained a **RICH**, industrialised country, even after its empire declined after World War Two. **Relative poverty** remains a problem, even if **absolute poverty** (living below Rowntree's 'poverty line') has reduced enormously.
- **LNG** – Government accepted the need to provide a modern water supply system by the end of 19th Century, but was pushed into taking on more responsibility for healthcare throughout 20th Century by: **WAR/NATIONAL RIVALRY** (**Boer War** 1899 - 1902; **First World War** (1914-18); **Second World War** (1939-45) – highlighted limitations in healthcare provision & made governments make promises to the population to raise morale (incentives); **DEMOCRACY** (by 1928 all people over 21 could vote – political parties had to appeal to them) and determined **INDIVIDUALS**, like **LLOYD GEORGE** (1911 **National Insurance Act** – provided first government run health insurance for many working men) and **ANEURIN BEVAN** (Labour Minister of Health who brought in the **NHS** in 1948). Healthcare remains one of the top priorities for government to this day. 2 main phases extending government involvement: the **'Liberal Reforms' (1906-11)** and **1948 (National Health Service) onwards**, e.g. 1960s - new government programme of **building District General Hospitals** across the UK.
- **ST – Advanced engineering** extended & improved water supply & sewage systems & **built and equipped large, modern hospitals**, containing **advanced electronics** (e.g. computers, scanners (ultrasound), radiography (X-rays)). **Extensive use of modern materials**: steel; plastic; rubber; reinforced concrete in medical equipment and facilities.

  Universal acceptance of **GERM THEORY** as a CAUSE OF ILLNESS – knowledge that **CONTAMINATED WATER** AND **POOR DIET** unquestionably causes of ill health. **Rationing** in WWII proved a healthy, balanced diet for all was possible – scientific knowledge of **vitamins** has made for a clear understanding of **nutrition**. Scientific knowledge also led to **single issue healthcare campaigns from the 1970s against smoking** (culminating in **2007 ban of smoking in public places**) **and promoting a healthy diet**.

  Breakthroughs in the **pharmaceutical industry** beginning with **Salvarsan 606 (1909)** and culminating with **Penicillin (1941),** the **first antibiotic drug** have transformed anti-bacterial medicine. **Cancer, heart disease and strokes** are now **the big killers**, rather than infectious diseases caused by germs.

FOOD/DIET

- Scientific knowledge of what a balanced diet should include – fresh fruit; fresh vegetables; not too much meat; low fat **(ST)** – healthy diet is part of why life expectancy doubled in 20th Century. (Rationing in WWII proved how a healthy diet was very different from what people usually ate. **(LNG)**)
- Very low absolute poverty in society so most people can afford to eat enough. **(WP)**
- Global trade; modern food preservation and wealth has made a vast range of food available to us throughout the year. **(WP)**
- **BUT** obesity is a growing health problem in society – difficult to always eat healthily when so much unhealthy food is widely available. **(WP)**

KEY PEOPLE

- **SEEBOHM ROWNTREE – published report *Poverty: A Study of Town Life* (1901) showed millions still lived below 'the poverty line'.**
- **DAVID LLOYD GEORGE – National Insurance Act (1911) – government funded sick pay.**
- **HOWARD FLOREY & ERNST CHAIN – developed Penicillin (1941) – greatest anti-bacterial drug.**
- **ANEURIN BEVAN – founder of the NHS (1948) – free healthcare for all.**

EPIDEMICS: SPANISH FLU (1918-20) & HIV/AIDS (1980s ONWARDS)

Spanish Flu – **2nd most destructive pandemic** in history after the Black Death, but largely forgotten.

- **Broke out in 1918 at the end of WWI (1914-18)** – this was not a coincidence: **4 years of food shortages and long working hours** among civilian population and **long periods in the highly unhealthy environment of the trenches** of the Western Front made many **more susceptible to contagious disease** (most victims were adults, not children & the elderly).
- **Medical resources had been overstretched** by the demands of the war.
- **Thousands of soldiers rapidly returned** to their homes in 1918-19, helping to **spread the germ more quickly**. Like Plague & Cholera, it **killed quickly** - **hard for doctors to devise effective treatments – no cure was found**.
- **Government focused on victory in the war over public health** & so **national and local authorities were slow to put in place quarantine** and other medical measures.
- **Ended in 1920** – it **vanished** & **never returned**, so **no further scientific research** into it at the time – the massive outbreak **remained a mystery** which everyone was eager to forget.
- **CASE STUDY: Dr James Niven,** Medical Officer for Manchester, **tried to put the city under full quarantine** after the first deaths, but the **council and businesses were uncooperative** – focused on getting life back to normal after the war. It was still **one of the first cities in Britain to have effective preventative measures** put in place during the epidemic.

HIV/AIDS – **over 40 million AIDS related deaths worldwide** since 1980s; over 36 million have HIV now.

- **1981** - became clear people were dying of a previously unknown condition which **destroyed their immune systems**. **1982 - named as AIDS**. It develops in the body from **HIV**, a sexually transmitted infection.
- **Government responses** to HIV/AIDS were **relatively slow – many people believed it was only a threat to certain groups** (e.g. homosexuals & drug addicts) and **prejudice towards these groups**, sometimes based on **religion**, meant **governments weren't under pressure to act quickly – limited advice on prevention** (1st major public information campaign in UK was in **1987**) **& little money for funding research into treatment.**
- The next 30 years saw **significant advances in research, prevention** (widespread **use of condoms,** thorough **blood** screening prior to transfusion) **and treatment** (**ART** for **slowing down the growth of HIV** in the body so it doesn't develop into AIDS**,** for which there remains **no cure** (most who have **contracted HIV in the UK** now have a **normal life expectancy**; in **2013** there were estimated to be **over 100,000 people in the UK living with HIV**)**.**