

Geleitwort zur 4. Auflage

von Michael Marmot

One of the important discoveries in modern public health has been the influence of the social environment on health; and particularly on inequalities in health between social groups. The origins of public health were in control of communicable diseases. With the rise of non-communicable disease, public health practice has tended to focus on individual life styles and on health services. Both are necessary. But, at the same time, it is important that public health should lift its gaze and focus on the social conditions that give rise to much of ill-health.

That should be “discoveries” in the preceding paragraph. The historical account David Klemperer gives in chapter 1 of this important textbook illuminates the great tradition of social medicine and social hygiene in Germany in the 19th century and the early years of the 20th. It is almost embarrassing. I have been leading the charge for recognition of the importance of social determinants of health and action on them to promote health equity.(1, 2) Yet, these great German pioneers of the 19th century had all these insights in a previous era. Johann Peter Frank, as early as the late 18th century, illustrated many of the themes of modern public health. He saw health as a human right; he recognised that poverty brings disease in its train; and, linked to poverty, that misery of people is the ‘mother of diseases’. Sick individuals need health care. But the health of populations requires state action.

It is as true today as it was then: public health is political. Rudolf Virchow’s contributions are,

if anything, better known than Frank’s, including Virchow’s famous observation: “Medicine is a social science and politics is nothing more than medicine on a large scale.”

It is worth adding, at a time in history when narrow nationalism makes its ugly presence felt, that Frank was a European. He studied medicine and worked in Germany, worked in senior positions in Italy, Lithuania, St Petersburg in Russia and eventually settled into a professorship in Vienna.

Perhaps less known than Frank and Virchow are the social paediatricians Heinrich Finkelstein and Gustav Tugendreich, writing in the early twentieth century. They, too, make me humble. I have spent much of the last four decades emphasising that inequalities in health are not best described as poor health for the poor and reasonable health for everyone else. Rather, health follows the social gradient, the higher the socioeconomic position the better the health – a theme well taken up in this book. Both Finkelstein and Tugendreich recognised and described the social gradient in infant deaths. Tugendreich emphasised the importance of poverty. Given that he described the social gradient, it would be interesting to explore further whether he wrote about relative poverty. Parenthetically, in the 18th Century Adam Smith, an important figure in the Scottish enlightenment and the founder of modern economics, described relative poverty in a nuanced way.

The interweaving of politics and public health is shown by what happened next in Ger-

many, after Tugendreich. The Third Reich's conceptions of social hygiene and racial purity violated the most basic right to health and were ideological not scientific. If one were looking for the diametric opposite of public health it would be war, genocide and the killing of 'undesirables' – basic features of the Nazi programme.

It was not only the Nazis' ideology that damaged public health but their losing of medical leaders. Jewish doctors either fled or were murdered. Finkelstein went to Chile. Tugendreich went via London to the US. Pause to reflect on that astonishing fact.

The legacy of the Nazi period was the damaging of public health in Germany for a considerable time after the war. The German word, *volksgesundheit*, was discredited by its association with ideas of racial purity, yielding to the English expression 'public health'.

Important as is the historical context, and helpful to the understanding of modern public health, this is not a history book. It is an important exposition of the key issues in public

health. Given the current context of politicians' ignoring evidence or even promoting 'alternative facts', the discussion of types of evidence is particularly welcome. Given my concerns, I am pleased to see the full and detailed treatment of inequalities in health. With all the advances in health of populations the issue that should exercise us is the fact that health improves unequally: related particularly to people's social circumstances. Hence health inequity.

A book such as the present one is necessary and performs a vital service. The ghastly legacy of the Nazi period had enduring effects. This book moves to redress the balance and restore public health to where it should be: an essential feature of the good society with the mission of honouring the right to health.

1. Marmot M. (2015). *The Health Gap*. London: Bloomsbury.
2. Marmot M., Friel, S., Bell, R., Houweling, T.A.J. & Taylor, S. (2008). Closing the gap in a generation: health equity through action on the social determinants of health. *Lancet*, 372(9650), 1661-1669.