

Preface

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This volume of *Hygiea Internationalis* deals with legislative and institutional aspects of health and social welfare, as well as “real life” experiences of socioeconomic and health deprivation in different geographical contexts from the 14th to the 20th century. We look upon public health from a holistic perspective, also considering conditions of social and economic well-being.

Most articles are based on presentations made at different PhoenixTN-conferences (European Thematic Network on Health and Social Welfare Policy) during the last years.

Beginning with legislative aspects of health and social welfare, Anne Løkke presents the long-term trends in Danish health policy, starting with the first medical law of 1672 and ending in 1973, when the state took over the full responsibility of health insurance for every citizen. This policy, as an example of the Scandinavian welfare-state regime, could be characterised by the principles of *universalism* and *decommodification*, meaning that the whole population receives health services from the state, and that the services are not regulated by the market as commodities. According to Løkke, the roots of these principles can be traced back to experiences from nearly 200 years of absolutist, patriarchal biopolitics, including poor laws, publicly-paid midwives and district surgeons, *etc.* Fritz Dross discusses and critiques the German model of the welfare state, introduced in the late 19th century and based on compulsory health insurance, focusing on central legislation and the emergence of health and social welfare policy in pre-Bismarckian Prussia in the 19th century. Finally, Laurinda Abreu discusses the legislation against beggary and vagrancy in general and specifically the relevance of the legislation for the Romany population in Portugal during the 14th to 18th centuries. The laws conceptualized the “deserving poor”, keeping other groups away from the institutionalized poor relief and health care, given by the hospitals.

Institutional aspects of health and social care are presented by Mariama Kaba, Petr Svobodny and Ronit Endevelt. Mariama Kaba’s paper deals with the institutional care of physically disabled people in 19th century Switzerland. The structure of medical and/or social care being a part of a process of integration or exclusion, according to whether the disabled person’s state of health was likely to improve or not. Petr Svobodny presents the history of the Italian Hospital in

Prague from the late 16th to the late 18th century, with respect to the social care and health care of children. It developed from the provision of a refuge for the most helpless members of society (abandoned newborns and orphans) in the private houses of individual members of a lay religious congregation into professional social-health institutions (foundling and maternity hospitals) controlled by the authorities of the state and the Medical Faculty in Prague. Ronit Endevelt reviews the history of school lunch programs in Israel, from their creation in early 20th century Palestine to their abolishment in the early 1970s and the re-introduction on a trial basis in the early 21st century, justified by nutritional and educational goals.

Finally Victoria Nygren presents a study regarding health and wealth among socioeconomically depressed migrant men and their households in the town of Linköping in early 19th century Sweden, particularly discussing the role of material conditions and social integration.

A new, hopefully recurrent, section introduced in this issue is “New books”, giving short reviews of books with relevance to the history of public health.

The next issue, dealing with cultural aspects of public health in a historical perspective will be released relatively soon, during summer 2007.