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Nota di contenuto	Preface -- List of illustrations -- Chapter 1. Introduction -- Utopia come true? -- Rising life expectancy -- The rise and fall of disease -- The epidemiologic transition theory -- The McKeown debate and the Preston-curve -- The role of human agency -- & How to read this book -- Concepts, sources, data and methods -- PART I. LONG-TERM TRENDS: A BIRD'S EYE VIEW -- Chapter 2. Long-term trends in population health -- Changes in over-all population health -- Declining mortality -- Young and old, men and women -- Regional and social inequalities -- Rising height -- More years in good health, more years in bad health? -- Changes in disease patterns -- Shifting causes of death -- Shifts in the burden of disease -- Diseases rise, diseases fall -- Epidemiologic transition 2.0 -- A theory in need of repair -- How: characterizing change -- When: staging change -- Where: locating change -- Chapter 3. Understanding trends in population health -- Theories of population health -- An 'ecological-evolutionary theory' of the origins of disease -- Explaining long-term change -- Economic, political and sociocultural conditions -- Economic history: improvements in living standards -- Political history: the rise of the modern state -- Sociocultural history: the lights go on -- Public health

and medical care -- A short history of public health -- The impact of public health -- A short history of medical care -- The Role of Medicine -- PART II. ZOOMING IN: THE RISE AND FALL OF DISEASES -- Chapter 4. Health problems of pre-industrial societies -- Violence and hunger -- War -- Homicide -- Famine -- Great epidemics -- Plague -- Smallpox -- Typhus -- Malaria -- Chapter 5. Health problems of industrializing societies -- Communicable diseases -- Cholera, dysentery, typhoid -- Tuberculosis -- Syphilis -- Scarlet fever, measles, whooping cough, diphtheria -- Pneumonia, influenza -- Maternal, infant and perinatal mortality -- Maternal mortality -- Infant mortality -- Still-births -- Other health problems of industrializing societies -- Pellagra, rickets, goitre -- Peptic ulcer, appendicitis -- Lung diseases caused by occupational and environmental exposures -- Chapter 6. Health problems of affluent societies -- Chronic diseases -- Ischaemic heart disease -- Cerebrovascular disease -- Diabetes mellitus -- Stomach, colorectal, breast, prostate cancer -- Lung cancer -- Liver cirrhosis -- Dementia -- Depression -- Injuries -- Road traffic injuries -- Suicide -- A new plague -- AIDS -- PART III: SYNTHESIS AND OUTLOOK -- Chapter 7. Why? -- Why did European population health improve? -- The rise and fall of disease -- The role of human agency -- The role of public health and medical care -- The Rise of the West: was there a 'prime mover'? -- Why did some countries rush ahead or lag behind? -- Northern lights: the Swedish advantage -- Dutch comfort: we were the champions -- Southern miracles: from rear-guard to forefront -- Balkan troubles: the weight of the past -- Russian roulette: the value of life -- Chapter 8. Outlook -- Feathers of Icarus -- Geopolitical instability -- Increasing inequality -- Global environmental change -- The way ahead -- The public health paradigm -- An expanding circle of concern -- Re-thinking Utopia -- By way of conclusion -- Through the telescope of history -- The European experience -- The role of politics -- The future -- Appendices -- Bibliography -- Index.

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#### Sommario/riassunto

In *A History of Population Health* Johan P. Mackenbach offers a broad-sweeping study of the spectacular changes in people's health in Europe since the early 18th century. Most of the 40 specific diseases covered in this book show a fascinating pattern of 'rise-and-fall', with large differences in timing between countries. Using a unique collection of historical data and bringing together insights from demography, economics, sociology, political science, medicine, epidemiology and general history, it shows that these changes and variations did not occur spontaneously, but were mostly man-made. Throughout European history, changes in health and longevity were therefore closely related to economic, social, and political conditions, with public health and medical care both making important contributions to population health improvement. Readers who would like to have a closer look at the quantitative data used in the trend graphs included in the book can find these it here.

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