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G. Rosen. Economic and Social Policy in Public Health, in Journal of the History of Medicine, 1953 [photocopie]

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Références bibliographiques

- [\[anonyme ou collectif\] Journal of the history of medicine](#)
- [Rosen, Economic and Social Policy in Public Health, in Journal of the History of Medicine, 1953](#)

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Références éditoriales

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Elizabethan Poor Law had laid upon the parish the duty of providing relief for the indigent. Each parish was responsible for the maintenance of its own poor, and consequently was concerned to reduce this burden as far as possible. It was believed that this could be accomplished by arranging to employ the poor. This approach was in keeping with the contemporary desire to stimulate national prosperity by using the unemployed poor in manufactures. A favorable balance of trade was a prime desideratum of mercantilist economic policy. This came to be interpreted in the late seventeenth century as a favorable balance of employment created by trade. In other words, trade should be regulated so that only finished products would be exported and raw materials imported. Furthermore, attention should also be given to expanding the volume of trade. Increased export meant a greater employment of labor, and consequently more opportunity for investment in industry. While the central government turned its attention to questions of commercial and colonial policy, proponents of this view turned to the parish poor as an easily available labor force for the expansion of industry. Between the Restoration and the end of the eighteenth century scores of books and pamphlets were written on this subject, and many projects were suggested to deal with the problem. These proposals, as well as the optimism and eagerness with which they were put forth, are characteristic of the tendency of the period to indulge in projects. The avowed aim of the projectors was to create centers of manufacture in the form of workhouses where the poor could learn to support themselves. The first of these establishments was created at Bristol in 1696, and during the earlier eighteenth century there was a steady increase in the number of workhouses.¹⁷

While the enthusiastic belief in the efficacy of workhouses to deal with poverty was never realized, many of the plans and programs developed in this connection also turned attention to health problems, particularly the provision of medical care.¹⁸ As a result of these developments there was an increasing recognition in

¹⁷ Dorothy Marshall, *The English poor in the eighteenth century*. London, George Routledge & Sons, 1926, pp. 127-128; Karl de Schweinitz, *England's road to social security*. Philadelphia, University of Pennsylvania Press, 1943, pp. 53-55; H. R. Fox Bourne, *The life of John Locke*. New York, Harper & Brothers, 1876, 2 vols., vol. II, pp. 376-392.

¹⁸ De Schweinitz, *op. cit.*, p. 53; A. Ruth Fry, *John Bellers, 1654-1725, Quaker, economist and social reformer*. London, Cassell and Company, 1935, pp. 5-28; John Bellers, *An essay towards the improvement of physick*. . . . London, J. Sowle, 1714; George Rosen, *An eighteenth century plan for a national health service*. *Bull. Hist. Med.*, 1944, 16, 429-436; Bernard Mandeville, *The fable of the bees: or, Private vices, public benefits. With an essay on charity and charity schools*. . . . Edinburgh, J. Wood, 1772, 2 vols., p. 220.

