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## **Lessons from the past: Celebrating the 75th Anniversary of *Poverty and Public Health***

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### **Abstract**

2011 marks the 75th anniversary of the publication of M'Gonigle's groundbreaking study *Poverty and Public Health* (1936). Despite being one of the first major expositions of social medicine, it is now largely forgotten. This editorial attempts to correct this neglect by paying tribute to M'Gonigle as a public health pioneer. It outlines his life and summarises his classic work. It concludes by highlighting lessons that are relevant to public health policy and practice today.

## **Lessons from the past: Celebrating the 75th Anniversary of *Poverty and Public Health***

2011 marks the 75<sup>th</sup> anniversary of the publication of George Cuthbert Mura M'Gonigle and John Kirkby's groundbreaking study *Poverty and Public Health* (1936). [1][2] It was one of the first major texts to reflect the emerging ideas of social medicine [3] and a forerunner of post-war investigations into health and social conditions such as the Black Report. [4] However, unlike similar publications, such as Rowntree's study of York, [5] *Poverty and Public Health* is now largely forgotten, except by historians..[6] This editorial attempts to correct this neglect by paying tribute to M'Gonigle as a public health pioneer. It outlines his life and summarises his classic work. It concludes by highlighting lessons that are relevant to public health policy and practice today.

Born in Monkwearmouth near Sunderland in 1889, M'Gonigle studied medicine and then public hygiene at the University of Durham Medical School (Newcastle). He worked as the School Medical Officer for County Durham before serving in the First World War. He then became the Medical Officer for Health in Stockton-on-Tees from 1924 until his death in 1939. [7] His campaigning (particularly around child and maternal health) and his 'public health advocacy' meant that he was held in great regard by the local population who called him the *Housewives' Champion*. [7]

*Poverty and Public Health* describes the health of the urban poor in the North East of England in the 1930s, with a particular focus on the town of Stockton-on-Tees. The book initially summarises the national state of health of the general population, drawing on Ministry of National Service records from 1917-1919 and routine data collected by the medical inspection of school children aged 5-12. This showed a generally poor state of health for a large segment of the (male) population, with 10% of military conscripts totally unfit for service and a further third only suited to sedentary work. With respect to children, data from 1933 showed that a third of children required medical treatment or observation. Inequalities by social class are then examined through data obtained from a study by the Newcastle Medical Officer for Health. There were marked health inequalities, with the children from professional classes being both heavier and taller than those from the poorer areas. [1, p.134] The three primary empirical studies of Stockton-on-Tees which follow were conducted by M'Gonigle

himself and they revealed the aetiology to be unemployment, poverty and the resulting sub- and malnutrition.

M'Gonigle's first Stockton study – and the most well known today - examined the effects of housing on health.[1, chapter 7][2] It compared the standardised death rates of families for five years before (1923-27) and five years after (1928-32) a slum clearance project. In 1927, 152 families left the overcrowded, insanitary tenements of the *Housewife Lane* slum area and were re-housed in a purpose built new council estate – *Mount Pleasant*. 289 families remained behind in the *Riverside* slums. Death rates between the two groups were very similar in the early period but after the re-housing intervention, the average death rates amongst the *Mount Pleasant* families were significantly higher: 1923-27 *Housewife Lane* death rates were 22.91/1000 and *Riverside* area were 26.10; 1928-32 *Mount Pleasant* death rates were 33.55 and *Riverside* area were 22.79. Analysis of the household budgets of 28 *Mount Pleasant* families and 27 *Riverside* families showed that the increase was largely a result of the higher rents paid on the new estate (approximately double that paid in the slums) and a resulting decrease in the amount available to spend on food: the re-housed families consumed fewer calories and had a lower amount of protein in their diet than those remaining in the slums. The second study examined the *Mount Pleasant* families' diets in more detail. It showed that 75% of the 141 families sampled (all of whom had an employed breadwinner) could not afford to purchase the BMA's minimum diet and were suffering from long term sub-or malnutrition.[1, p.189] The final Stockton study compared mortality in the families of 408 employed and 369 unemployed workers from 1931 to 1934: over the four year period, the standardised death rates amongst the unemployed (29.29/1000) were almost a third higher than those of the employed (21.01/1000).[1, p.268] This study also noted a strong correlation between income and death rates. [1, p.273]

*Poverty and Public Health* was a groundbreaking empirical study which challenged the Conservative-Liberal political orthodoxy of the time that considered the link between poverty, nutrition and mortality to be the fecklessness of poor mothers who either squandered their money or were too ignorant to provide healthy meals.[7] M'Gonigle was therefore very different from the majority of Medical Officers for Health at the time, who tended to tell the government what they wanted to hear.[6] His Stockton studies showed clearly that the vast majority of poorer families, whether employed or unemployed, did

not have an income that was sufficient to sustain a diet that was adequate to ward off disease and death: poverty, not ignorance, was the cause of morbidity and mortality amongst the poor and this poverty was not the fault of the individual families but of a society that provided inadequate wages and welfare benefits. M'Gonigle's work was used by campaigners both inside and outside of Parliament to argue for a better standard of living for the poor. M'Gonigle's research informed his practice as, for example, he was one of the few to provide nutritional supplements to mothers attending child welfare clinics.

Many parallels have been made between the recession of the 1930s and the one which started in 2008 both economically (in terms of rising unemployment rates) and politically (coalition governments). There is also much about M'Gonigle's work that is still relevant to the issues confronting public health policy today. One obvious similarity is that between low income and poor nutritional health. Whilst in M'Gonigle's time this issue was one of sub- or malnutrition, today similar relationships can be detected between low income, poor nutrition and obesity. Secondly, M'Gonigle's interest in the affordability of a minimum healthy diet for "*health and working capacity*" [1, p.159] is echoed in contemporary calls for a Minimum Income for Healthy Living.[8][9] Thirdly, there has been a marked resurgence in the popularity of the behavioural explanation of ill health amongst policymakers and public health practitioners, whereby morbidity and premature mortality, are considered to be the result of 'lifestyle' choices and unhealthy behaviours. Fourthly, in a climate in which unemployment is once again on the increase, M'Gonigle's findings on unemployment and mortality remain very relevant to contemporary concerns.[10] Further, M'Gonigle's re-housing study showed the importance of housing costs to the health of low paid workers and the unemployed. In this 75<sup>th</sup> anniversary year, housing benefit, one of the main components of the post-war welfare state, was radically reduced in value by the Conservative-Liberal coalition government.[11] Finally, the 2011 health reform programme sees the return of responsibility for public health from the NHS to local government. M'Gonigle's work is an exemplar of the benefits that this type of organisational model can have for the effective practice of a social determinants based approach to improving the public health of communities.

*Poverty and Public Health* was not just a piece of research, it reflected the values and ideas of a pioneering social epidemiologist and a community-orientated public health practitioner. It is M'Gonigle's model of public health practice as one of advocacy, that is as much his legacy today as his empirical work.

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