

**INWARD CONQUEST:  
THE REVOLUTION IN THE ART OF GOVERNMENT  
THAT SHAPED THE MODERN WORLD**

BEN ANSELL AND JOHANNES LINDVALL  
UNIVERSITY OF OXFORD AND LUND UNIVERSITY

This book investigates political conflicts over the provision and control of public order, education, and health care in the nineteenth century and the first half of the twentieth century – the period when states first began to provide many of the public services that we now take for granted.

Drawing on new data on the historical development of public order, education, and health care and novel measures on the ideological orientation of governments, we examine this missing link in the history of the modern state. Liberals, Catholics, conservatives, socialists, and fascists fought bitterly over the political control of public services in the nineteenth and early twentieth centuries. We show how those political struggles unfolded. We also demonstrate how conflicts among parties and religious groups – channeled by political regimes and institutions – shaped the structure of public services, with profound consequences for political developments ever since.

This book builds on our recent article in the *American Political Science Review* (Ansell and Lindvall 2013), which examined the political origins of primary education systems in nineteen states in Western Europe, North America, and the Asia-Pacific region. The book extends our earlier analysis of the politics of education, incorporating new, original research on public order and health care.

**The Argument**

During the late nineteenth and early twentieth centuries – an era of democratization, religious tumult, and nation-building – states around the world gradually transformed

themselves from *protectors* to *providers*. The early-modern state assembled armies of soldiers to protect its citizens (while insisting on its right to tax their resources). The industrial-era state, by contrast, assembled armies of professionals to provide new services to its citizens (and to secure their loyalty and obedience).

This was a crucial event in the development of the modern state. Yet, there are few comparative studies of the development of public services in the nineteenth and early twentieth centuries, and the comparative studies that do exist are concerned with the expansion of public service provision and the growth of civilian public spending *per se*, not with how services were governed. On the basis of an analysis of public order, education, and health care, we show how the balance of power between state and society – and especially between the *ancien régime* on the one hand and political forces associated with commerce, secularism, and industry on the other – shifted in ways that revolutionized the art of government.

Our book identifies three dimensions of variation in the way that public services were governed and controlled. The first dimension is centralization: the distribution of power between states, sub-national governments, and local authorities. In the early nineteenth century, almost all public services were provided at the local level (to the extent that such services were provided at all). In the course of the nineteenth century, however, central governments in many countries increased their control over service provision. The second dimension is secularization: the extent to which public services were operated by secular authorities rather than parishes or religious orders. The third dimension is subsidization: the provision of public funding for private service providers.

The book examines both the causes of the cross-country variation in centralization, secularization, and subsidization and the consequences that major policy reforms had for subsequent developments. Our argument is based on four key claims. Each claim constitutes a distinct contribution to the social science literatures that have inspired the book.

(1) We show that where the political conflict between conservative and liberal elites resulted in a decisive victory for either side, governments introduced more centralized and uniform systems of public order, education, and health care, increasing the ruling elite's control of these services. Where neither side won a decisive victory, by contrast, more decentralized models prevailed. This part of our argument contributes to the literature on the changing territorial organization of modern states (Ziblatt 2008), the literature on multi-level governance (Marks and Hooghe 2003), and the literature on the development of party systems (Lipset and Rokkan 1967).

(2) We show that religious conflict mattered greatly for the governance of public services in the nineteenth and early twentieth centuries. One of our main findings is that in religiously heterogeneous societies, services such as education and health care were often provided by publicly funded private organizations – especially churches and religious orders – unlike in religiously homogeneous societies, where public authorities typically provided these services. This part of our argument contributes to the growing literature on the role played by organized religion and religious conflict in the development of the modern state (van Kersbergen and Manow 2009 and Grzymala-Busse 2015).

(3) We show that new professional groups associated with emerging public services – such as doctors, midwives, nurses, policemen, and teachers – often played important roles in the state-making process, as supporters or opponents of conservative and liberal political forces (with whom they typically allied to get ahead in intra- and inter-professional competition). This part of our argument contributes to the literature on the sociology of the professions (for an early contribution, see Barber 1963) and the literature on the historical development of bureaucracies (Silberman 1993).

(4) We show that the expansion of public services such as public order, education, and health care took off earlier in countries where fundamental conflicts between conservatives, liberals, Catholics, Protestants, and professionals had first been resolved (either through the ultimate victory of some parties and groups, or through a lasting compromise among them). This part of our argument contributes to the litera-

ture on state capacity (Besley and Persson 2011) and the literature on the origins of the welfare state (Lindert 2003).

### **Control, Conflict, and Accountability**

The reason that liberals, Catholics, conservatives, socialists, and fascists fought so bitterly over the *political* control of public services is that these services were in themselves instruments of *social* control.

When the state began to provide education, health care, and public order, it started to engage in more systematic, and, in some ways, more insidious, forms of social control. The expansion of the machinery of public order reduced crime and violence and enabled greater security of contracts, but it also permitted the state to define social deviance and defeat challenges to its authority. Public education had social and economic ends, but it was also used for political purposes, to foster either nationalism or regionalism, secularism or sectarianism. Public health interventions increased the welfare of citizens, but also permitted the state to put human resources to better use in warfare, to develop natalist policies, to impose ethnic homogeneity, and to quarantine the sick and mentally ill.

For the great historian of ideas Michel Foucault, police stations, prisons, schools, and hospitals were therefore disciplinary institutions, representing a new form of social power. But without police stations, prisons, hospitals, and schools, much of the social progress that we have witnessed in the past two centuries would have been impossible. And once new social programs had been created, citizens demanded responsiveness: as democratic elections spread across the advanced countries in the late nineteenth and early twentieth centuries, citizens had the opportunity to vote for the parties that provided public order, education, and health most effectively. New forms of political control brought new calls for political accountability.

One of the points that we make in the book is therefore that the revolution in the art of government that we examine had seemingly contradictory consequences. When it assumed responsibility for services such as education and health care, the modern

state acquired new instruments of social control, but political leaders also began to depend on the public's satisfaction with these services. The state's authority increased, but so did its accountability.

The expansion of the state's activities in the areas of education, health care, and public order also required a new public workforce. The state had to train many thousands of teachers, nurses, doctors, policemen, jailers, and psychiatrists – groups whose work in previous decades had been decentralized, ramshackle and amateur, but who were now transformed into cadres of trained professionals. The growth of these new professional groups simultaneously increased and restrained state power: professionals could carry the state's civilizing mission to the furthest reaches of each country, but they also represented a high-status group whose interests and ideology often conflicted with the central government's plans. Even today, these groups of professionals represent the majority of government civilian employees in all advanced states.

### **Contributions to the Literature**

We are writing this book since there is a missing link in the history of government. Scholars of politics know a great deal about state building: the process through which states developed modern bureaucracies and increased their capacity to raise revenue and mobilize society's resources. We also know a great deal about the twentieth century's many political conflicts over distribution and redistribution. We know much less about the political struggles that began in the nineteenth century, when states started to provide services such as education, health care, and public order.

There are few studies of political conflicts over public services such as public order, education, and health care in the nineteenth and early centuries in political science. This is a period that has been examined by sociologists such as Michael Mann (1993), who emphasizes (in chapter 14 of his book) the nineteenth century's shift in the composition of public spending from military to civilian purposes; by historians such as Eric Hobsbawm (1975, 1987); by intellectual historians such as Michel Fou-

cault (2008 [1979]); and by economists such as Peter Lindert (2003), who has examined early poor-relief programs as well as the growth of public education in the nineteenth century. But there are important differences between what these authors have done and what we do in our book.

First of all, these earlier studies all describe broad, macro-historical changes, and do not distinguish between political developments in different countries; our study, by contrast, explains how different political agents and groups shaped the public services of particular countries, at particular points in time, revealing substantial variation in the role of national governments. Second, our study applies state-of-the-art quantitative and qualitative methods from modern political science to historical evidence, whereas earlier studies are based on historical methods and generalized descriptions of historical trends. In that sense, our work provides a complement to recent prize-winning and much-cited mixed-methods books on state-building in the early modern era (Stasavage 2011) and on the origins of welfare states and coordinating institutions in the twentieth century (Thelen 2004; van Kersbergen and Manow 2009; Martin and Swank 2012).

The literature on the welfare state has not, in our view, appreciated the importance of the early public-service programs that we examine (with the partial exception of Peter Lindert's 2003 book). The main reason for this omission is that much of the literature on the welfare state is exclusively concerned with income transfers, especially with social insurance programs. For example, in their chapter on the "emergence" of the welfare state in the *Oxford Handbook of the Welfare State*, Kuhnle and Sander (2010) concentrate entirely on the emergence of social insurance system, and therefore begin their investigation as late as the 1880s. Kuhnle and Sander (2010) do note that this perspective is a narrow one, since it "neglects other areas of emerging governmental responsibility for societal well-being such as health and education" (61), but they claim that it is nevertheless "historically justifiable" since the late nineteenth century marks the "take-off of the modern welfare state" (citing Flora and Alber 1981).

This approach strikes us as anachronistic. From the perspective of the late twentieth and early twenty-first centuries, it may well seem as if the welfare state began with social insurance, but from the perspective of, say, the middle of the nineteenth century, the introduction of compulsory primary education, the development of compulsory immunization programs, the public training of midwives, and the emergence of modern policing in many countries represented an enormous change in the role and scope of government. With a few important exceptions – such as Jane Lewis’s book on midwifery (1980) and Peter Baldwin’s book on political responses to contagious diseases (1999) – the comparative-historical literature on the welfare state has failed to appreciate the importance of these programs.

Our book is also different from the dominant approach in recent historical works, which is to treat the history of the police, prisons, health care and education as parts of cultural or social history, as opposed to political history. We add a much-needed political perspective to a historical literature that tends to emphasize cultural and social shifts rather than political ones, and that tends to emphasize individual country cases rather than comparative patterns.

Our book also engages with important recent work on religion and policymaking. Many scholars have examined the emergence and behavior of denominational political parties during the late nineteenth century (Kalyvas, 1996; van Keersbergen and Manow, 2009). Our book considers, in addition to this, whether and how religious actors were able to maintain authority over the provision, staffing and practices of public services. We discuss, therefore, both the formal political representation of religion and its informal influence behind the scenes (Gryzmala-Busse 2015).

Finally, as the title of the book suggests, our focus on the state’s “inward conquest” of its own territory and population mirrors the “external conquests” that we associate with empire and war. In the book, we engage with the literature of imperialism and inter-state conflict and discuss how these factors shaped the provision of public services. A recent literature in political science has emphasised the importance of international rivalry and the two world wars for the expansion of public spending and tax-

ation (Scheve and Stasavage, 2016; Obinger and Petersen, 2014). Historians have also examined the impact of imperial expansion on domestic politics and policies in individual countries (Thompson, 2000, 2005). However, hitherto scholars have neither examined how empire and war shaped the allocation of authority over public services across the industrialised world, nor how experiences from the organization of public services in the colonies fed back into reforms in the metropole.

## **Plan of the Book**

Our book has five parts. Part I, “A Revolution in the Art of Government,” presents our aims, our arguments, and our empirical strategy. Part II, “Order,” analyzes the development of modern police forces and the rise of the modern prison system. Part III, “Knowledge,” analyzes how schools were governed in the late nineteenth and early twentieth centuries (drawing on our recent article in the APSR) and the role that states played in the areas of secondary education and labor market training before the Second World War. Part IV, “Health,” analyzes the development of health care systems, concentrating on the governance of early health-care policies such as midwifery, vaccinations, and insane asylums. Part V, “Inward Conquest,” concludes.

### Part I: A Revolution in the Art of Government

Chapter 1: Introduction

Chapter 2: Ideology, Institutions, and Interdenominational Conflict

### Part II: Order

Introduction to Part II

Chapter 3: Police

Chapter 4: Prisons

### Part III: Knowledge

Introduction to Part III

Chapter 5: Schooling

Chapter 6: Training

### Part IV: Health

Introduction to Part IV

Chapter 7: Midwifery

Chapter 8: Medicine

Chapter 9: Asylums

### Part V: Inward Conquest

Chapter 10: Conclusions

The book is based on a mixed-methods approach, combining statistical analyses of new data on institutions and policies with case studies of countries, periods, and events that merit extra attention and are therefore subjected to focused comparisons.

Within each section, we divide our analysis into chapters focusing on specific policy areas, such as policing and primary education. Each of these chapters begins with an historical overview of the emergence of public services, demonstrating how the services themselves changed over time as a result of technological and social developments and how the role of governments changed. We then present, in each chapter, a quantitative analysis of our core sample of nineteen countries from 1870 to 1939 (where possible, the sample is extended to twenty-seven countries, including countries in Latin America and Eastern Europe). These analyses examine the determinants of the three core dimensions that we identify in the book – the centralization, secularization, and subsidization of service provision – concentrating on the estimated effects of government type, government ideology, religious composition, and socioeconomic development. Each chapter ends with a discussion of historical case studies, allowing us to describe in more detail the tensions that states faced between gaining greater control over the citizenry whilst accruing stronger binds of accountability. When discussing accountability, we focus both on the citizenry (as users of the services) and on the providers of the services (such as doctors, policemen, teachers, and midwives), which were increasingly organized as public or para-public employees in the period that we examine.

### **Part I: A Revolution in the Art of Government**

Part I introduces the book's main themes and research strategy (Chapter 1) and outlines our theoretical argument (Chapter 2).

We situate the book in-between two large literatures on the development of the modern state: on the one hand the literature on state-building; on the other hand the literature on the twentieth-century welfare state. The former concentrates on the rise of the centralized, monarchical states of early modern Europe, following Charles Til-

ly (1992) and Margaret Levi (1988) in emphasizing the importance of the state's capacity for warfare, and following Douglass North (1990) and Mancur Olson (1993) in asserting the state's interest in rationalizing economic transactions (largely in order to fight wars). This vision of the state is, if not entirely predatory, then at least principally structured around the central government's *particular* objectives: maximizing the revenues and territories owed to monarchs and their courts. The literature on the origins of the welfare state, by contrast, abstracts away from state interests to the interests of various social groups, defined by socioeconomic stratification, but also by religion and geography. The literature on the welfare state thus examines how social actors *use* the state to achieve their own ends, through redistribution and social insurance.

Our book examines both the interests of the state itself and those of social actors seeking to employ state capacity for their own purposes. The core of our theoretical argument is the political tension between state actors and social groups that were associated with the *ancien regime* and those associated with new, rising socioeconomic groups.

We begin by developing a set of expectations regarding the objectives of central governments in the early industrial era. The development of systems of public order, education, and health care required the state to engage in the development of new workforces and the collection of revenues, and thus presented governments with new challenges and costs, both in terms of the development of state capacity, the abandonment of patronage-based public positions, and the development of new and potentially independent professional groups that might challenge old elites. Furthermore, once services were provided, citizens might demand ever-improving quality and hold the state to account, where possible, through representative institutions. Yet the development of new public services also presented government officials with several benefits. Education enabled governments to shape national sentiment, increase national productivity, and inculcate obedience. Health care improved the productivity not only of the workforce, but also of the military. Public order reduced threats to the

authority and property of the state and its most privileged supporters.

We then turn to the interests of social actors. We divide these into two large groups: the defenders of the privileges of the *ancien régime* and the representatives of rising industrial, commercial, and professional classes. The former group include aristocratic landowners, who typically had some responsibility for the welfare and public order of agricultural workers; members of existing guilds and professional bodies in the towns, some of whom were challenged directly by the new, public professional classes; and the church, which had an important role in the provision and supervision of health, education, and public order in most pre-industrial countries. The latter group include rising commercial elites, who required a more educated, reliable, and docile industrial workforce; the growing working class in the cities; and professionals.

## **Part II: Order**

Part II examines the development of modern systems of public order through the creation of police forces and jails. Before the nineteenth century, policing had everywhere been a local, informal affair, but in the course of the nineteenth century, many countries established professional police forces, either locally, nationally, or both (the first modern police force was the London Metropolitan Police, created by Robert Peel's conservative government in Britain in the 1830s). This innovation spread quickly, but police systems nevertheless varied greatly from country to country. We seek to explain this variation. We also analyze another nineteenth-century invention: the modern prison (the institution that de Tocqueville and de Beaumont were sent to study in the United States in the 1830s).

In each chapter, we examine reforms of public order in a comparative perspective. As we mentioned briefly earlier, we focus, in all empirical chapters, on three key institutional dimensions when we analyze the policies that governments put in place. The first is centralization: to what degree did the central state take control over local police forces, prison systems, and criminal justice procedures? Centralization came in

a variety of forms: through rule-making and rule-uniformity, through hiring and paying staff, and through capital investments. The second dimension is secularization: did the church have any influence over the provision of public order, and when, if ever, was this control stripped away? The third dimension is subsidization: did the state permit private entities to provide public order, and, if so, did it provide public subsidies for such groups?

In each chapter we also explore the tension between the criminal justice system's social control function on the one hand and demands for accountability and transparency on the other. Policing and prisons are tools that the state uses to physically control and contain the population, but the protection of property rights and internal order are also two core services, and considered as such by political thinkers as diverse as Hobbes and Smith, so the public is likely to hold political leaders accountable for perceived failures. Our case studies of how systems of public order developed in the nineteenth and early twentieth centuries emphasize these tensions and conflicts. Finally, the development of modern policing and prisons required the employment of many thousands of police officers, jurists, gaolers, and other defenders and prosecutors of public order. The rise of these new professional groups generated new conflicts and challenges: in some cases, political leaders were even intimidated by the rise of new cadres of police officers and judges, whose authority to dispense order might threaten political elites through corruption inquiries or the risk of coups d'état.

### *Police*

In pre-industrial times, the term "police" described the state's efforts to govern the general "condition" of the population, encompassing a wide variety of functions that might improve the welfare of the population while seeking to maintain and enhance order (Bayley 1975). Interestingly, these first forays into controlling and shaping the behavior and well-being of the population involved services that we would now think of as belonging to areas such as education and public health; they all sorted under the state's "police powers."

The emergence of modern “police forces” limited the function of the police to the prevention and investigation of crimes and the apprehension of criminals (although even today, the role of “policing” is often less clear-cut than that). This reflects an important change in the responsibilities of both the emerging “police force” and of ordinary citizens. For example, before the nineteenth century, English commoners were expected to raise “hue and cry” and capture and bring to court local offenders on pain of collective responsibility for the crime committed (Emsley 2014). Early police officers, by contrast, emerged as night watchmen in the cities.

Only later during the nineteenth century did the police develop the capacity to investigate crime, a task previously carried out, in many countries, by private detectives. In most cases, national police forces emerged from fragmentary local organizations with limited communications among them; yet, by the Second World War a number of countries had central investigation and policing departments and agencies that provided internal order in a manner analogous to the military providing external order – the most famous example being the Italian *carabinieri* (Collin 1999).

This chapter examines the variation across states when it comes to the creation of police forces and to the amount of authority and control that was held by local, national, and religious authorities. We examine the gradual erosion of religious authority in determining crimes and the increasingly secular rationalisation of police functions and designations of criminal behaviour. Most extensively, we document where and why the transition from local to subnational and national control of policing occurred, examining the relative importance of political regime types and the ideology of governing parties. Throughout, we examine the relationship between internal and external order – how closely policing was modelled along military lines, if domestic policing affected policing within imperial and colonial holdings, and vice versa, and how the maintenance of public order was conceived and acted on in the late nineteenth and early twentieth century.

## *Prisons*

The mass incarceration of citizens in state-run prisons is a modern phenomenon. Before the nineteenth century, convicted criminals faced an unattractive panoply of outcomes: exile, local incarceration, central political incarceration, or a variety of physical punishments from the stocks to flogging to execution. Prosecution and punishment were often arbitrary and typically inhumane, by modern standards, with little concern for reducing recidivism, let alone rehabilitation. Yet from the late nineteenth century to the mid-twentieth century industrial states developed mass prison institutions that were at least ostensibly similar to those used today (Finzsch and Jutte 2003).

Substantial variation remained, however, with respect to whether prisons were under local or national control, whether private prisons existed and could receive public funding, and whether religious authorities were permitted to access or run prisons.

Imprisonment is one of the state's core Weberian functions – a clear case of when the state exerts its legal monopoly over the use of force. Nevertheless, although we typically think of state-building as an early-modern phenomenon, this crucial and deeply invasive function was performed in a ramshackle fashion until the late nineteenth century, and even afterwards states display surprising variation with respect to their prison policies. Thinkers of nineteenth-century era – from Cesare Beccaria to Alexis de Tocqueville to Elizabeth Fry and Charles Dickens – studied and criticized prisons as emblems of a *dysfunctional* state.

Through quantitative and qualitative evidence, we trace the emergence of the modern prison and its variation across the dimensions of centralization, secularization and subsidization. We show the gradual growth of central authority over local and subnational regions in prison provision and governance, but also the continued variation in the centralization of control throughout the period. Furthermore, we describe the decline of private prisons – and prisons controlled by religious authorities – and their replacement by state-funded, secular institutions, especially under secular liberal-democratic and fascist-dictatorial rule.

### **Part III: Knowledge**

Part Three, which builds directly on our recent article in the *American Political Science Review*, explains the development of national systems of education. The creation of publicly funded education systems in most of the world's independent states in the nineteenth and early twentieth centuries was a major event in the history of the modern state. It typically preceded the introduction of social insurance systems by several decades, and created, for the first time, a direct relationship between states and masses. But the institutions that states used to exercise political control over education varied greatly, both across countries and over time.

In each of the two chapters in this part of the book, we describe and explain the development of national education systems using the same analytical categories that we discussed in the previous section: centralization, secularization, and subsidization. We find that there were two paths to centralization: through liberal and social democratic governments in democracies, or through fascist and conservative parties in autocracies. We find that the secularization of public school systems can be explained by path-dependent state-church relationships (countries with established national churches were less likely to have secularized education systems) but also by partisan politics. Finally, we find that the provision of public funding to private providers of education can be seen as a solution to religious conflict, since such institutions were most common in countries where Catholicism was a significant but not entirely dominant religion.

In each chapter, we also present historical case studies that examine the political consequences of the growth of education and training systems. The establishment of public schooling increased the power and authority of the state, but this very fact – and the fact that the growing authority of the state in this domain challenged other centers of power, notably churches – turned education into a political issue of first importance in many countries. We present several case studies of countries where this was the case, including prominently France, the Netherlands, and the fascist states of continental Europe.

We also describe the development of professional associations and unions for teachers, and their relationship with the bureaucracy and the political system. Teachers were one of the professional groups that organized early on, and the case studies that we have conducted so far suggest that teachers' unions and other professional organizations in the education field were politically influential, typically allying with liberal and republican parties that sought to use the education system to break with old, locally controlled education institutions.

### *Schooling*

The first forays of the state into educating its citizens began with some of the youngest members of society – children between five and ten years of age – who had until then received rather irregular instruction, sometimes provided by churches, sometimes provided in factories or workplaces, and occasionally provided at early secular schools. By the Second World War, most industrialised states had achieved near-universal and compulsory primary education and developed an extensive school system, employing teachers, examiners, inspectors, and administrators.

In doing so, the state did not only take on the role of expanding academic skills such as literacy and numeracy to the population; it also challenged local and religious control of the “hearts and minds” of the young. The state sought to achieve both economic and imperial aims, building an industrial workforce and spreading a national identity, turning, in Eugen Weber’s (1976) famous phrase, “peasants into Frenchmen.” It sometimes upended religious authority over schooling and at other times compromised with the church (Kalyvas, 1996). It also faced down linguistic and ethnic groups (Gellner 1983; Rokkan 1973). Questions of legitimacy and authority – of state, church, and locality – loomed large in the expansion of state control over primary education.

Building on our 2013 *American Political Science Review* article, we show that these conflicts were resolved in a variety of ways across the industrializing world. In countries where secular-liberal political parties dominated democratic elections, primary

schooling became centralized, secular, and state-funded. The same pattern can also be found, perhaps ironically, in the fascist regimes of the 1920s and 1930s. In other countries, typically dominated by conservative parties or with partially democratic regimes, schooling remained locally controlled, often with substantial authority given to religious organizations. A third outcome emerged in democracies with high levels of religious heterogeneity: a compromise solution, where the state subsidized private religious schools of several denominations. Striking differences in the structure of authority and control over primary schooling today reflect the resolution of these political battles of a century ago.

### *Training*

In contemporary times, politicians, business leaders, and economists often stress the connections between education, training, and economic growth. These connections only became a goal of state policy toward the end of the nineteenth century (and in many cases only in the immediate pre-Second World War era). As industrial complexity increased and the service sector grew, the importance of a workforce with skills beyond basic literacy became increasingly apparent. The state's economic, imperial and security goals became more closely linked to the training and skills of its citizens.

Skills had hitherto been provided in a piecemeal fashion, through apprenticeships or on-the-job training. State intervention – often with the support of business and employers' associations – codified, regulated and paid for training, sometimes in emerging secondary schools and sometimes in “dual systems” of classroom and on-the-job apprenticeships (Thelen, 2004; Martin and Swank, 2012).

As with primary education, the state's ability to exert control over the industrial workforce, which it wrested from guilds and localities, created long-term chains of accountability, making it a responsibility of the state to direct and fund the employment training of its citizens.

Through quantitative and qualitative evidence, we demonstrate how and where the

central state and its agencies promoted skills and training, be it through the secondary schooling system, the centralisation and management of on-the-job training and apprenticeships, or the certification of skills. We show that the state was often limited in its goals by pre-existing guilds and networks of training, sometimes by their strength – as in Germany, at least before the Nazi era – and sometimes by their weakness, as employers relied on low-skilled employees (the British model). We focus on the trade-offs between providing training in a growing secondary schooling system and in the workplace and on debates over whether the latter ought to be subsidised by the state. The analysis in this chapter also frames important recent historical analyses of specific countries (as in Thelen 2004) in the wider cross-national context of the late nineteenth and early twentieth century.

#### **Part IV: Health**

Part IV explains the development of modern health systems. Historians such as Rosen (1958) and Porter (1999) have shown that the development of state policies for public health in the advanced states in the course of the nineteenth century was a clear break with the past, associated with the social problems that came with industrialization and urbanization and with the perceived need to ensure that the country's male population was fit to fight wars. They also note, however, that health care systems developed very differently in the late nineteenth and early twentieth centuries. We provide a political analysis of this variation.

The existing political science literature on health care services has mainly examined the development of health care after the introduction of modern medicine, taking the hegemony of doctors and the rise of the hospital as given (see, for example, Ellen Immergut's study of national health insurance in Sweden, France, and Switzerland (1992) and Larry Jacobs's study of the development of the National Health Service in the United Kingdom and Medicare in the United States (1993)). This means that the temporal scope is limited to developments from the late nineteenth century onward.

In this part of the book, we concentrate the development of early public health pol-

icies in a comparative perspective, focusing again on the three key dimensions that we emphasize in previous chapters: centralization (to what degree did governments create national programs for public health, and to what degree did they rely on local initiatives?), secularization (was the clergy involved in running hospitals, nursing homes, and psychiatric facilities, or were these institutions operated by secular authorities?), and subsidization (did the state use its financial resources to support private, often religious, hospitals and other health care institutions?). We concentrate on four parts of the public health system – midwifery, vaccinations, hospitals, and insane asylums – which we discuss in three separate chapters.

Each chapter presents case studies of particular national health care systems in crucial periods, examining the political consequences of the emergence of health care as an important domain of state policy. We focus in particular on the central relationship between health, mental health, and citizenship, discussing the effects of national health policies on the exercise of power over the population – the darkest side of this story being the eugenics movement, which was politically influential across the advanced democracies throughout the period that we examine in the book. As in previous, we examine professional associations for doctors, nurses, midwives, and other health care professionals, and we study their role within the political system, paying particular attention to their relative autonomy and ability to withstand attempts to increase political control over health care provision.

### *Midwifery*

We start with childbirth. Human birth is risky, and two hundred years ago, maternal death rates and infant mortality rates were much higher than they are today (to take one prominent example, Sweden's maternal mortality rate fell by 99.6 percent between the late eighteenth century and the early 2000s). The reductions in the rates of maternal and infant deaths across the world are two of the greatest public-health achievements of the past two hundred years (Besley and Kudamatsu 2006). There is a lot of evidence (motivating this chapter of our book) that the expansion and profes-

sionalization of midwifery contributed to these advances (Loudon 1992).

Already in the early 1800s, in the very beginning of the time period that we examine, some of the countries in our study provided some public education for midwives (and required practicing midwives to be licensed): Denmark, the Netherlands, Sweden, and, interestingly, Spain. This means that public investments in midwifery is one of the very first large-scale health interventions that states undertook in the modern era.

As in other policy areas, we find differences in the organization of midwifery across countries. In less than fully democratic countries, our preliminary findings suggest that liberal and social democratic governments were unlikely to centralize midwifery services, but in democracies, they were just as likely as right-wing governments to do so. We also find a negative relationship between Catholicism and the secularization of midwifery.

We show, finally, that midwifery is an especially interesting example of the role that professions have played in the development of public services. The first national association for midwives, Britain's *Royal College of Midwives* (first called the *Matron's Aid Trained Midwives Registration Society*), was established in 1881. Other countries soon followed, and by the 1920s, the majority of the countries in our sample had a national association, testifying to the emergence of midwifery as a modern, recognized profession in most countries in the late nineteenth and early twentieth centuries. We examine this process in the book, showing that it was often motivated by the need for midwives to stand up to other professional groups, notably obstetricians and general practitioners.

### *Medicine*

Since modern hospitals are a relatively recent invention – as Rosenberg (1995 [1987], 5) notes, “[a]side from a handful of surgical procedures, there was little in the way of medical capability in 1800 that could not be made easily available outside the hospital’s walls” – we begin our investigation of the state’s involvement in care for illness

and injury with vaccinations, and only then move on to discuss the emergence of modern hospitals in the late nineteenth and early twentieth centuries. It was only toward the very end of that century that medical knowledge and technology had become so advanced that hospitals and academically trained physicians began to dominate the health-care system (Wilsford 1991, 8).

Deaths from communicable diseases were once common in all parts of the world (even today, they account for one third of all human deaths), but in today's advanced democracies, they are rare. The deadliest of all communicable diseases – going by the total number of deaths throughout history – was smallpox. The deadlier form of the smallpox virus killed up to 50 percent of its victims and left survivors horribly scarred (Williams 2010, 14).

The smallpox vaccine, invented by the British physician Edward Jenner in the 1790s (Jenner 1798), was the world's first vaccine. In this chapter, we examine the development of vaccination programs in nineteen countries in Western Europe, North America, and the Asia-Pacific since the year 1800 (two years after Jenner's invention). The proportion of sovereign states in our sample that had a national vaccination program for smallpox (judging from the country-specific medical histories that we have consulted) went from just above 0 percent (only the Netherlands had introduced a program before the year 1800) to around 80 percent at the end of the period (three federal states – Australia, Canada, and the United States – never had national vaccination programs), with most of the growth occurring in the first half of the nineteenth century. In other words, soon after the development of the smallpox vaccine, a majority of the states in our sample made it a matter of national policy to protect the population against smallpox. As in other areas, our preliminary findings suggest interesting conditional relationships between regimes, the ideological orientation of the government, and how public services were controlled.

Having dealt with vaccinations, as an example of the early public-health interventions that emerged before the great changes in medical knowledge and technology toward the end of the nineteenth century, we turn to the role of governments in the

provision of hospital-based health care. In this final part of the chapter, the main question that we investigate is the change in the institution of the hospital that occurred when early “hospitals” – which were typically run by philanthropic associations and were set up to provide simple health-care services for the poor (Rosen 1958) into the large, medical establishments that we still have today. With this transition, we observe growing disparities among countries when it comes to the role of the state: in some countries, public authorities achieved a dominant position in hospital-based health care early on, but in other countries – such as the United States – private hospitals, often associated with religious organizations, continue to play a very important, even dominant role.

### *Asylums*

No analysis of the politics of health – widely understood – in the nineteenth century can be complete without a discussion of lunatic asylums, mental institutions, and psychiatric hospitals. In the early 1800s, very few people were committed to lunatic asylums or other institutions dedicated to the confinement and treatment of individuals with “insane and disordered minds” (quoting the name of the first mental hospital in the United States, in Williamsburg, Virginia). A century later, in the early 1900s, matters were very different: at that time, the inmate population in the United Kingdom – to take just one example – exceeded one hundred thousand individuals (Porter 1987).

The chapter begins by documenting and describing the expansion of mental health care (for want of a better term) from the early nineteenth century to the Second World War. Contrary to what Foucault argues in his pioneering work (1961), we show that the great expansion of insane asylums (the “great confinement,” to use Foucault’s term) occurred not in the classical age, but much more recently: in our sample, with the sole exception of Japan, legislation on the establishment of national asylum systems was first adopted between the years 1808 and 1865, and with few exceptions (Japan being one of them) the largest increases in the size of the inmate population

occurred in the second half of the nineteenth century.

We describe, in this chapter, a gradual process of centralization and secularization in the area of mental health, and we show that a combination of institutional and party-political factors account for variations among countries. We also find, however, that centralization and secularization happened much *earlier* in the case of mental health care than in other cases studied in the book, since economies of scale favored the establishment of large institutions and because the church had little interest in maintaining control over asylums. Furthermore, we find that when countries provided public funding for private mental health care, this was not, as in other domains, to manage religious diversity (or other conflicts), but because of overflow from the public system.

### **Part V: Inward Conquest**

The purpose of the last section is not merely to summarize the findings of the book. We also demonstrate – having dealt with all the policies considered in the book on a policy-by-policy basis – the important connections between order, education, and health that existed in the nineteenth century and that have not disappeared fully, even if the dominant trend in the course of the nineteenth and twentieth centuries has been the continuous functional *differentiation* of all these services. One case where the interconnections are particularly obvious is vaccination policy. When states determined that the smallpox vaccine should be provided to all or most children (if not the general population), the question of who should implement such a policy was answered very differently in different countries, depending on the structure of public service provision prior to the adoption of the policy. In some countries, such as the German states, with their tradition of “medical police,” early law-enforcement agencies played an important role. In other countries, where compulsory schooling was established early on, teachers were responsible for the implementation of vaccination programs. Similar connections between the policies that we examine in the book can

be made in other areas; we discuss this important phenomenon in the book's tenth and concluding chapter.

Moreover, we demonstrate that conflicts over the development of criminal justice systems, education systems, and health systems in the late nineteenth and early twentieth centuries had a profound impact on the development of the modern welfare state. The choices that states made early on about how to provide order, knowledge, and health resulted in enduring institutional differences among the advanced states. Moreover, political conflicts over criminal justice, education, and health care resulted in the formation of new political parties, laying bare some of the main fault lines of nineteenth- and twentieth-century politics. We also show that our analysis sheds new light on the rise of fascism, and on the complicated relationship between the other main political ideologies of the twentieth century: conservatism, liberalism, socialism, and Christian democracy.

In short, our book shows that in the nineteenth century's Age of Empire – when the world's richest and most powerful states engaged in the conquest of foreign territories and domains – was also an era of inward conquest, when states developed administrative institutions that allowed them to exercise new forms of power over national territories and populations. This inward conquest was a critical event in the development of the modern state. Our book provides the first systematic, comparative analysis of the political causes and consequences of that event.

## References

- Ansell, Ben and Johannes Lindvall. 2013. "The Political Origins of Primary Education Systems: Ideology, Institutions, and Interdenominational Conflict in an Era of Nation-Building." *American Political Science Review* 107 (3):505–522.
- Baldwin, Peter. 1999. *Contagion and the State in Europe, 1830–1930*. Cambridge: Cambridge University Press.
- Barber, Bernard. 1963. "Some Problems in the Sociology of the Professions." *Daedalus* 92 (4): 669–688.
- Bayley, David. 1975. *The police and political development in Europe*. Princeton University Press.
- Besley, Timothy and Masayuki Kudamatsu. 2006. "Health and Democracy." *American Economic Review* 96 (2):313–318.
- Collin, Richard. 1999. "Italy: A tale of two police forces" *History Today*. 49(9)
- Emsley, Clive. 2014. *The English Police: A Political and Social History*. Routledge.
- Flora, Peter and Jens Alber. 1981. "Modernization, Democratization, and the Development of Welfare States in Western Europe." In *The Development of Welfare States in Europe and America*, edited by Peter Flora and Arnold J. Heidenheimer. New Brunswick, N.J.: Transaction Books, 37–80.
- Foucault, Michel. 1961. *Folie et déraison. Histoire de la folie à l'âge classique*. Paris: Librairie Plon.
- . 2008[1979]. *The Birth of Biopolitics: Lectures at the College de France, 1978–1979*. New York: Picador.
- Freeman, Richard and Heinz Rothgang. 2010. "Health." In *The Oxford Handbook of the Welfare State*, edited by Francis G. Castles, Stephan Leibfried, Jane Lewis, Herbert Obinger, and Christopher Pierson. Oxford: Oxford University Press, 367–377.
- Gellner, Ernest. 1983. *Nations and Nationalism*. Cornell University Press. Ithaca, NY.
- Granshaw, Lindsay. 1989. "Fame and Fortune By Means of Bricks and Mortar: The

- Medical Profession and Specialist Hospitals in Britain, 1800–1948.” In *The Hospital in History*, (eds. L. Granshaw and R. Porter). London: Routledge, 199–220.
- Gryzmala-Busse, Anna. 2015. *Nations Under God*. Princeton University Press.
- Hobsbawm, Eric. 1975. *The Age of Capital 1848–1875*. London: Weidenfeld and Nicolson.
- . 1987. *The Age of Empire 1875–1914*. London: Weidenfeld and Nicolson.
- Hooghe, Lisbet and Gary Marks. 2003. “Unraveling the central state, but how? Types of multi-level governance”. *American Political Science Review* 97(2).
- Immergut, Ellen M. 1992. *Health Politics*. Cambridge: Cambridge University Press.
- Jacobs, Lawrence R. 1993. *The Health of Nations*. Ithaca: Cornell University Press.
- Jenner, Edward. 1798. “An Inquiry Into the Causes and Effects of the Variolæ Vaccinæ, Or Cow-Pox.”
- Kalyvas, Stathis. 1996. *The rise of Christian democracy in Europe*. Cambridge University Press. New York, NY.
- Kuhnle, Stein and Anne Sander. 2010. “The Emergence of the Western Welfare State.” In *The Oxford Handbook of the Welfare State*, edited by Francis G. Castles, Leibfried, Lewis, Obinger, and Pierson. Oxford: Oxford University Press, 61–80.
- Levi, Margaret. *Of Rule and Revenue*. University of California Press.
- Lewis, Jane. 1980. *The Politics of Motherhood. Child and Maternal Welfare in England, 1900–1939*. London: Croom Helm.
- Lindert, Peter. 2003. *Growing Public*. Cambridge: Cambridge University Press.
- Lipset, Seymour Martin and Stein Rokkan. 1967. *Party Systems and Voter Alignments*. New York: Free Press.
- Loudon, Irvine. 1992. *Death in Childbirth*. Oxford: Clarendon Press.
- Mann, Michael. 1993. *The Sources of Social Power: Volume 2. The Rise of Classes and Nation States 1760–1914*. Cambridge: Cambridge University Press.
- Martin, Cathie Jo and Duane Swank. 2012. *The Political Construction of Business Interests: Coordination, Growth, and Equality*. Cambridge University Press.
- North, Douglass and Robert Paul Thomas. 1973. *The Rise of the Western World: A*

- New Economic History*. Cambridge University Press.
- Obinger, Herbert and Klaus Petersen. 2014. "Mass warfare and the welfare: State causal mechanisms and effects", Working Paper. University of Bremen.
- Porter, Dorothy. 1999. *Health, Civilization, and the State*. London: Routledge.
- Porter, Roy. 1987. *Madmen: A Social History of Madhouses, Mad-Doctors, and Lunatics*. Stroud: Tempus.
- Rokkan, Stein. 1973. *Building states and nations*. Sage. Thousand Oaks, CA.
- Rosen, George. 1958. *A History of Public Health*. New York: MD Publications.
- . 1963. "The Hospital: Historical Sociology of a Community Institution." In *The Hospital in Modern Society*, edited by Eliot Freidson. London: The Free Press.
- Rosenberg, Charles E. 1995 [1987]. *The Care of Strangers: The Rise of America's Hospital System*. Baltimore: The Johns Hopkins University Press.
- Scheve, Kenneth and David Stasavage. 2016. *Taxing the Rich: A History of Fiscal Fairness in the United States and Europe*. Russell Sage Foundation, New York.
- Silberman, Bernard S. 1993. *Cages of Reason*. Chicago: University of Chicago Press.
- Stasavage, David. 2011. *States of Credit: Size, Power, and the Development of European Polities*. Princeton University Press.
- Thelen, Kathleen. 2004. *How Institutions Evolve: The Political Economy of Skills in Germany, Britain, the United States and Japan*. Cambridge University Press
- Thompson, Andrew. 2000. *Imperial Britain. The Empire in British Politics, c.1880-1932*. Routledge.
- Thompson, Andrew. 2005. *The Empire Strikes Back? The Impact of Imperialism on Britain from the Mid-Nineteenth Century*. Pearson.
- Tilly, Charles. 1992. *Coercion, Capital, and European States: AD 990-1992*. Wiley-Blackwell
- van Kersbergen, Kees and Philip Manow, editors. 2009. *Religion, Class Coalitions, and Welfare States*. Cambridge: Cambridge University Press.
- Weber, Eugen. 1976. *Peasants into Frenchmen*. Stanford University Press.
- Williams, Gareth. 2010. *The Angel of Death*. Basingstoke: Palgrave.

Wilsford, David. 1991. *Doctors and the State. The Politics of Health Care in France and the United States*. Durham: Duke University Press.

Ziblatt, Daniel. 2008. *Structuring the State*. Princeton: Princeton University Press.

The revolutionaries were young – the oldest was only 41 – and for that matter, the new Emperor himself was only 17 when he was put on the throne. Nevertheless, though it was born in conflict, the Meiji Restoration did indeed open up Japan in myriad ways, and the country developed at a furious pace. The transformation was deep, comprehensive and complex, but for simplicity's sake, here are seven ways in which the Meiji Restoration shaped modern Japan: 1 – Japan's encounters with the colonial powers, beginning with the appearance of U.S. Commander Matthew Perry's four gunboats in 1853 in Tokyo Bay, spurred the country to develop its military to match those of the U.S., Russia and Great Britain. Every modern convenience we enjoy today, from healthcare, transportation, and technology was due to the Industrial Revolution. However, it would also lead to an increase in slavery in the American South, exploitation, child labor, pollution, and many other injustices. The age of colonialism resulted in the division of the world between them and the exploitation of countries in the third world. On many continents, colonialism caused changes in culture, language, society, and economics; it also caused the deaths of millions as European nations brutalized the natives, mostly through private enterprises with the blessings of their monarchs for their "civilizing" missions. Industrial Revolution - beginning of the modern world. WW1 - changed everything. The world we live in today is very much a long term product of WW1. 0. 1. These events greatly shaped the 20th century because it dealt with the political formation of 3 nations - Germany, USSR, Republic of China / China PR - that had a huge impact on the modern era. The Meiji Restoration in Japan would be another I'd consider. From the 1500s to 1800s I would rate these:- 1. American War of Independence. 2. Magellan's circumnavigation around the world. 3. Cortes' conquest of the Aztec Empire. The European Conquest: Finding the Americas which is now the most powerful continent in the world. World War II: Helped us develop technology beyond our imaginations.