Chapter 3

Karl Marx and Frederich Engels: Capitalism, Health and the Healthcare Industry

Fran Collyer

The nineteenth-century writings of Karl Marx and Frederich Engels have been fundamental to various *political* regimes in recent history, including that of the Bolshevik Revolution of 1917, Joseph Stalin's rule in the Soviet Union from the 1920s and Mao Zedong's communist China from 1949. Over the same period in many Western countries, their writings were condemned by the authorities and elites as little more than communist ideology. Their popularity as *political* texts fell alongside significant world events such as the collapse of communism in eastern Europe and the Soviet Union between 1989 and 1991, but rose with other events (such as the student movements of the 1960s and the global financial crisis of 2008), when the downside of 'free market' philosophies and globalisation became more apparent. As works of *scholarship*, on the other hand, their insertion into the intellectual diet of the English-speaking world was somewhat delayed, for many works went unpublished during their lifetimes, were restricted initially to the German and, later, Russian languages, and editions were often heavily edited by the regime or party in power. As a consequence, their works became part of the English-speaking intellectual sector only with the rise of the student and civil rights movements of the 1960s.

In the West, their works have always been contentious and controversial, and there have been, and continue to be, profound disagreements over interpretation and even disputes over the authors' intentions. Various disciplines have sought to engage with their ideas, particularly the political sciences, history and philosophy. For sociology, the texts are considered to offer unique and foundational frameworks of social theory. Indeed, in sociology, which also flourished with the expansion of the university sector in the developed countries from the 1960s, the works of Marx and Engels eventually became an accepted part of the official 'canon', with Marx heralded as a 'founding father' along with a few others including Émile Durkheim and Max Weber (Connell 1997). The pair have faired less favourably in the speciality field of the sociology of health and medicine where official founders include Talcott Parsons and Henry Sigerist, but not Marx and Engels (see, for example, Gerhardt 1989; Jefferys 2001; Cockerham 2005). The early writings of Frederich Engels on the poor health of the nineteenth-century British working class is usually included in these historical accounts, but rarely is there an acknowledgement of the extent to which he, with colleague Karl Marx, laid out a critique of health and medicine of the period, offering one of the first truly sociological theories of illness and disease (for an extension of this argument, see Collyer 2010, 2012).

This chapter remedies this oversight, beginning with a biographical portrait of the theorists, moving to an overview of three of the pair's main conceptual tools – notably historical materialism, capitalism and commodification – followed by a section outlining their critique of prevailing perspectives on health and disease and a thesis of the connection between capitalism and poor health. The remaining part of the chapter indicates how this theoretical framework has been extended in the twentieth and twenty-first centuries to highlight the intense commodification of health services and the creation of a worldwide, capitalist, healthcare industry.

Biographies

Karl Marx (1818–1883) was the son of a lawyer in the Rhineland of Germany, and spent his early life in a comfortable upper-middle class home where he was introduced to progressive ideas. The young Marx escaped military service due to poor physical health, but attended the University of Bonn where he proved himself a dismal failure, spending most of his time drinking and writing poetry. Marx's arrest for drunken, noisy behaviour and the carrying of prohibited weapons led his father to send him to Berlin to study law (Hughes et al. 1995:19; Nelson 1999a).

At the University of Berlin in 1837, Marx lost his preoccupation with Romanticism and became interested in Hegelian philosophy and history (Mah 1986:498). Combining his studies with a developing political activism – he came to lead the radical Left Hegelians – Marx completed a doctoral thesis on *The Difference Between the Democritean and Epicurean Philosophy of Nature* by 1841. Within five years, however, Marx had become a socialist revolutionary, rejecting Hegel's vision of a world of harmony and becoming committed to the view that the world was being torn apart by a hegemony of material interests (Mah 1986:503). With the Prussian authorities becoming increasingly intolerant of radical and widespread demands for representative and responsible government, Marx's hopes to become a university academic were not to be fulfilled, and he turned instead to journalism and became the editor of the liberal newspaper *Rheinische Zeitung*. An article on widespread poverty and corruption under the Czar brought him into conflict with the authorities. The paper's licence was revoked, and despite widespread demonstrations and petitions the decision was not overturned. Marx resigned his post (Hughes et al. 1995:20; Nelson 1999a:51), headed for Paris in 1843 and wrote the *Paris Manuscripts*, developing his analysis of economic life. Marx never became an academic. He founded and led the International Workingmen's Association (Nelson 1999a:55), dedicating his life to the overthrow of the capitalist order which he saw as the cause of oppression and the enslavement of the population (Hughes et al. 1995:18).

Frederich Engels [1820–1895], interestingly, was a capitalist – or at least the eldest son of a capitalist. Engels was born in Barmen in the Rhineland where his family were cotton manufacturers, though they also had a branch of their textile business in Manchester in England. Engels, like many other young, progressive German intellectuals of his time, reacted with some horror at the narrow and pious attitudes of his family and the social problems associated with industrial capitalism (Hobsbawm, in Engels [1845] 1969:7). He dropped out of school early and began writing under the pseudonym of Friedrich Oswald in 1838. Like others of his intellectual and social class, Engels leaned towards communism, and like Marx became a radical Left Hegelian at a young age. Indeed, his radical views were evident even at the age of 19, when he wrote *Letters from Wupperthal* (Engels 1839, see Bussard 1987:682).

The communism of Marx and Engels, and many of the intellectuals of their circle, was perhaps not surprising given the agitation and unrest in Germany and across Europe during the 1830s and 1840s. The French Revolutions of 1792 to 1799 had left widespread fear among the propertied classes of the working classes, the destitute and the poor. From the 1830s, the working class movement built in strength, and political agitation culminated in the European revolutions of 1848: a series of short-lived and barely coordinated demands for political and social reform across about 50 countries, including the Austrian empire, Germany, France, Poland and Italy. These uprisings left thousands of people dead and many of the leaders were executed or exiled.

Marx and Engels first met, albeit briefly, in 1842, moving in similar social and political circles that included Leftists Bruno Bauer, Max Stirner and Moses Hess. Engels' father tried to remove him from this radical environment by sending him to Britain to continue his business training. In England, between September 1844 and March 1845, Engels wrote many articles but also *The Condition of the Working Class in England* ([1845] 1969). He was only 24 years old at the time. This book argues that the working class were living in conditions worse than those provided to farm animals (Hughes et al. 1995:21).

In 1844, Marx and Engels met again in Paris. This time the meeting was more successful and the beginning of a very productive partnership. Marx edited some of Engels' papers, including one on the centrality of private property to the economic system, and another on scientific socialism. By 1845, Marx had become well known to the French authorities and he was finally expelled in the January of that year. He and Engels moved to Belgium where there was greater political freedom, joined the German Communist League and set up a Communist Correspondence Committee. Their primary aims had now crystallised:

> The philosophers ... have only interpreted the world, in various ways; the point is to change it (Engels *Theses on Feuerbach* [1845] 1975:423).

The pair wrote *The Germany Ideology* in 1945–1946, and in 1847 the *Manifesto of the Communist Party*. After its publication, Marx and Engels were deported once more. They returned to Cologne where they founded a newspaper, the *New Rhenish Gazette*, and an organisation called the *Rhineland Democrats*. Later that year, in 1848, Engels was forced to flee the country, while Marx continued to publish until 1849 when the authorities prosecuted him for incitement to armed rebellion. He was acquitted but expelled from Prussia, leaving the country for London with his family (Hughes et al. 1995:22). The pair spent much of the rest of their lives as exiles in Britain.

While Engels was independently wealthy, Marx and his family lived in relative poverty, sustained on the small amount of money Marx could earn from journalism, loans and advances from publishers, the sale of his books, gifts from friends – particularly from Engels – the sale of family assets and speculation on the stock market (Mahon 1990:760). Marx died in 1883 after a life of chronic poor health. On 14 March, his daughter reported that he walked from his bedroom to his study, sat in his armchair and quietly fell asleep for the last time (Nelson 1999b:108). Engels lived a further 12 years.

On the partnership of Engels and Marx

Questions about the nature of the partnership between Marx and Engels, and the relative contributions to their substantial oeuvre, have long been debated within intellectual circles. While recognised as an equal in Russian literature, Engels is portrayed as an assistant at best in Western circles (Seed 2010:8–9) – and largely portrayed himself in this light – that is, as only an editor of Marx's works, a biographer and acolyte. Scholars have taken sides on the issue, with Collins (1985:56–62) for instance, defending Engels as the more original thinker of the pair, often taking the lead for Marx to follow; while others have resolved to 'steer a middle course' or conclude that no decision can be made because their works are so contradictory they are open to all forms of interpretation (Hughes et al. 1995:41).

As with all human endeavour, the outcome of history is only ever the beginning of a story. Efforts to dis-entangle their individual contributions have been entwined with the complex social history of how their works have been received and utilised. For instance after Marx's death, significant developments occurred in the German factories and Engels became engaged in public and intellectual debates about the possibilities of the new laboratory sciences. It is claimed that he presented their work as a synthesis of Hegelian dialectics and the positivism of the emerging sciences, and scholars have debated whether or not Marx would have agreed with that view. Nevertheless during the Second International (1889–1916), it became an article of faith that there was full agreement between Marx and Engels (Colletti 1975b:13). During the late 1920s and 1930s, there were efforts to make their works accessible to German scholars, and these editions combined their work and minimised perceived differences between their perspectives. After 1930, as Western Marxism became more theoretical and philosophical and located within the universities – and when Marx and Engels' early works finally began to become more readily available – there were efforts to remove Engels' alleged synthesising of their perspectives and re-insert Hegel's influence into – what were now seen as – Marx's texts. Later efforts, for example by Louis Althusser [1918–1990], offered structuralist interpretations of Marx's work devoid of Hegelian idealism. For Althusser, this scientific, structuralist interpretation was to be found in the 'mature Marx', where Marx sought to identify the deep and hidden structures which govern social life (Hughes et al. 1995:65). In the same years after World War Two, a somewhat contradictory, 'humanist' Marx also appeared (Carver 2001:9284), much of this claiming to be the 'real' Marx. In contrast, many have blamed Engels for the determinist view of history and the 'vulgar Marxism' of the nineteenth century and its take-up by the Communist Party of the Soviet Union in the twentieth century (Hughes et al. 1995:41).

Reflecting on this social history, it becomes apparent that assessments of Engels' contribution to the partnership have often been conflated with ideological positions taken with regard to scholarly debates over positivism, structuralism, agency and the role of ideas in human history. Significant also have been the changing social contexts filled with both pro- and anti-communist fervour, where the close association between Engels and Marxism made him an heroic figure in the socialist countries but far less acceptable to the scholars (and authorities) of the capitalist West. Marx, on the other hand, was portrayed within the Western canon as a social theorist and philosopher, and with his philosophical texts 'sanitised' of Marxism, they were more readily admired and accepted by Western scholars.

This social history renders it difficult to fairly assess Engels' contribution to the partnership, but there is evidence that he has been unfairly treated by Western scholars. Though it was the case that Engels spoke publically and often about the virtues of his friend, edited the manuscripts and wrote Marx's biographies; it is also the case that many of the works bearing Marx's name were co-authored, and many of Marx's rough manuscripts were almost completely rewritten and reorganised by Engels (including volumes two and three of capital, with volume one heavily edited by Engels) (Seed 2010:8–9). Engels was well published and the more famous of the pair prior to their partnership (Carver 2001:9282), and from 1844 organised new editions of their works (including the *Communist Manifesto),* and revised many others, writing prefaces and editorial notes. He also wrote many of his own works on Marxism after Marx's death, popularising their ideas, reaching a wider audience than had Marx, and within these provided the philosophical underpinning for their concept of historical materialism (Colletti 1975a:9–10). Additionally, Engels brought something to the partnership that Marx did not have. While Marx referred to himself as a historian, speaking of how it 'is the task of history . . . to establish the truth of this world' (Mazlish 1990:731), for Marx, to be an historian meant, in the Germany tradition, to offer the *logic* of history. Through collaboration with Engels, who undertook the fieldwork into the living conditions of the industrial workers and thus provided the empirical materials for their analysis of class and capitalism, the pair were able to shift from an abstract knowledge to empirical, historical, fact (Mazlish 1990:738). And perhaps most importantly, Engels conceived and contributed many of their key ideas, some prior to their partnership, as evidenced in his 1844 'Critique' of English political economy, which had a great influence on Marx (Carver 2001:9282); plus his early analysis of the evolution of industrial capitalism, his conceptions of the periodic cycles of crisis and prosperity of capitalism, the importance of a reserve of workers to capitalism, and of the birth of an *international* working class, all found in *The Condition of the Working Class of England* (Engels [1845] 1969). Whole volumes could be written on this issue, but in consideration of this evidence, the decision has been taken in this chapter to regard their works as very much a joint project.

Theories, approaches and concepts

The works of Marx and Engels have been constantly revisited – particularly since the 1960s – with new questions being asked about how they should be interpreted and their contemporary relevance to sociology. In this part of the chapter readers will find an examination of their approach to the scientific inquiry of the nature of society, which came to be known as historical materialism, and two of their theoretical concepts, capitalism and commodification. In the process it will become evident that the materialist approach to inquiry is an essential part of the thesis that the economy of any society is an historical product, and, as such, is *socially* organised and structured. From our twenty-first-century perspective, these ideas hardly seem subversive, but in the nineteenth century, the very idea of inquiring into and making a 'science of society' was disturbing to the monarchy and the elite, for whom religion provided a sufficiency of answers and did not stir up questions about social class or political power (Carver 2001:9281).

A materialist approach to history

Engels and Marx built the intellectual scaffolding for the construction of their theories of historical development, class and capitalism through their critiques of Bauer, Feuerbach, Stirner and others. The pair were very much adverse to prevailing understandings of history. They wrote, 'civil society is the true focus and theatre of all history, and how absurd is the conception of history held hitherto, which neglects the real relations and confines itself to spectacular historical events' (Marx and Engels 1970:57–8). Their offering of a materialist approach to history was very much an alternative to Hegelian philosophy, with its overtly religious mission to 'restore to the uprooted individuals of revolutionary Europe a sense of wholeness and unity with history and the existing world' (Mah 1986:499).

Marx and Engels took issue with Hegel's view of historical change, for the latter conceived collective consciousness as the driver of change, where human agents, aware of themselves as human agents, make choices about the kind of agents they are, and, given a set of options brought about by the social conditions of that historical period, bring about new forms of human community (Pinkard 2001:6633). Thus Hegel interpreted the historical process to be about the development of the human mind, with the whole of human history merely a series of progressive stages with humans increasing their collective, rational, understandings of the world (Hughes et al. 1995:25).

As early as 1844, Marx began to offer an alternative to Hegel's idealist vision of the world, and argue that reality and human misery spring from economic life. Engels also thought along these lines. He wrote:

> ...while I was in Manchester it was tangibly brought home to me that economic facts, which have so far played no role or only a contemptible one in the writing of history, are, in the modern world at least, a decisive historical fact (in Hughes et al. 1995:40).

Together the pair developed a *materialist conception of history* (a term coined by Engels and later known as historical materialism, see Carver 2001:9283), which rejects the notion of historical change as driven by the ideas, plans and choices of humans, and instead begins with the material circumstances of the people, with the way humans transform their environment as they produce what they need for their own sustenance, protection and well-being, and how these activities and circumstances subsequently lead to the production of ideas, culture and political institutions. As they state, 'men, developing their material production and their material intercourse, alter, along with this their actual world, also their thinking and the products of their thinking. It is not consciousness that determines life, but life that determines consciousness' (Marx and Engels 1970:42; also 1976:37). In this, historical materialism inverts the prevailing orthodoxies of the German intellectuals of the 1830s and 40s, and as such, 'turns Hegel on his head'. Frederich Engels (1970:162), in his *Speech at the Graveside of Karl Marx*, wrote:

> Just as Darwin discovered the law of development of organic nature, so Marx discovered the law of development of human history . . . that mankind must first of all eat, drink, have shelter and clothing, before it can pursue politics, science, art, religion, etc.

Historical materialism eventually developed into an imperative in their writings, becoming a characteristic feature of Marxian analysis, that is, a focus on the way members of a society have historically come to produce, and socially organise, the products they require for their subsistence. It also became recognised as offering a grand theory of society, explaining patterns of social organisation, the formation of institutions and even the consciousness of the people as a consequence of material productive forces. Of course, Marx and Engels did not entirely leave Hegelian philosophy behind. They too saw history as progressive, positing an eventual society where people would be free from exploitation and alienation. This ideal world, however, would come about through revolutionary changes in the material conditions of life, not the increasing rationality of humankind.

Capitalism

The dominant economic theories during Marx and Engels' lives were those of English political economists Adam Smith [1723–1790] and David Ricardo [1772–1823]. These theorists challenged the protectionist and regulation-centred view of mercantilism, proffering the more radical idea that unrestrained competition (the 'invisible hand' of the market) would bring wealth to societies, and moreover, as long as the market was unfettered by state interference, the pursuit of individual self-interest would engender social harmony (Hughes et al. 1995:35). Engels and Marx adopted some of their ideas but strongly rejected others, in particular criticising the political economists for failing to see the historic nature of the economic system. Instead Marx and Engels argued that private property is an historical artefact, unique to only some societies, and held in place only through state protection (Hughes et al. 1995:36). (Engels regarded the system of private property as one of 'licensed fraud' ([1844] 1959:166).) Marx and Engels also had a very different moral view of the economic system, for they regarded private property as responsible for the breakdown of genuine social relationships, and the making of profit from human labour as exploitation (see Engels [1844] 1959:161–8; Marx [1844] 1959). They insisted a social system should operate to satisfy human needs, not simply to produce profit.

For Marx and Engels, capitalist society is an historically unique, socially constructed, economic system which brings wealth to the elite members of society but increasingly impoverishes the working class (Marx and Engels [1848] 1960). Central to capitalist society – and unable to be divorced from its operation – is its division into two classes, the property owners and the propertyless workers. While other, more orthodox theories of the economic system may speak of capitalism as a system of industrial or financial capital, defined by profit seeking, competition and the accumulation of capital; only theories inspired by Marx and Engels will use the concept of capitalism in its fullest sense to connote a system of class-derived capital. Thus for Marx and Engels, capitalism is a system of conflicting social relations, and it is based on a fundamental social antagonism between the few who have capital, and the majority with only their labour power to sell. It is this relationship which gives rise to the capitalist form of social organisation, with its capitalist institutions, its capitalist division of labour and its specifically capitalist ideas and forms of consciousness.

Central to Marx and Engels' exposition of capitalism is the system's capacity to destroy previously existing modes of life and its unstoppable expansion:

> The bourgeoisie, wherever it has got the upper hand, has put an end to all feudal, patriarchal, idyllic relations. It has pitilessly torn asunder the motley feudal ties that bound man to his 'natural superiors', and has left remaining no other nexus between man and man than naked self-interest, than callous 'cash payment'. . . . The bourgeoisie cannot exist without constantly revolutionising the instruments of production, and thereby the relations of production, and with them the whole relations of society . . . . All fixed, fast-frozen relations, with their train of ancient and venerable prejudices and opinions, are swept away, all new-formed ones become antiquated before they can ossify. All that is solid melts into air, all that is holy is profaned, and man is at last compelled to face with sober senses his real conditions of life, and his relations with his kind (Marx and Engels [1848] 1960:223).

Thus capitalism replaces other forms of exchange, other forms of society – whether feudal, traditional or socialist – and the bourgeoisie continue to reach out nationally and internationally for markets for raw materials, for cheap labour and the investment of financial capital.

Yet one of the many paradoxes of capitalism is its dual nature. Rather than offer a fully determinist, and negative, view of capitalism, Marx and Engels theorised its processes as both destructive of traditional forms of social life and potentially creative of a new social order. Regarding human history as progressive and dialectical, as a series of contradictory ‘stages’ each overcoming the problems of the past, capitalism is portrayed as one phase of history, with more change to come. In *The Communist Manifesto* (Marx and Engels [1848] 1960), we are told capitalism contains within it the seeds of its own destruction, its own ‘grave diggers’. While it is, fundamentally, a system of exploitation, its destruction of existing social relations and its capacity to generate wealth for a society on an unprecedented scale, simultaneously assists with the birth of new forms of resistance: ‘. . . with the development of industry, the proletariat not only increases in number; it becomes concentrated in greater masses, its strength grows, and it feels that strength more’. ‘Modern industry’ brings with it new forms of communication, new and faster forms of transport, ensuring the proletariat not only become conscious of their exploitation, but are able to bond together into collectives and organise resistance to the capitalist order. The escalation of political struggles under capitalism, and the growing propensity for fragmentation within the ruling classes, brings in its stead legislative reform for the improvement of social conditions. It is in the paradoxes of capitalism, so eloquently theorised by Marx and Engels, that we can come to understand the formation and growth of public health measures and national healthcare systems: a matter taken up in a later section of this chapter.

Commodities, production, consumption and alienation

The orthodox view of commodity production in the nineteenth century was much as it is today – that the market produces goods in response to human needs and demands. Engels and Marx took issue with this, insisting that under capitalism, commodities are produced in the interests of capital and not to the benefit of humankind. This argument rests on the pair’s understanding of human nature and human needs. In the first place, they reject the representation of human nature or the human ‘essence’ as ‘a fixed and immutable abstraction inhering in each single individual’ (Colletti 1975a:43). Second, they discard the idea of society as a mirror of nature, and third, the proposition that human needs are merely ‘natural, reasonable expressions of life’ (Marx and Engels 1976:502,507; also Marx 1976:391). Instead, they insist, commodities are the products of human labour, and the process of satisfying human needs, and even the formation of human needs, are all *social, historical* processes. Thus they posit the individual as a ‘social being’ whose ‘essence is the aggregate of social relations’ (Colletti 1975b:430), and human needs, passions and desires as historically determined, changing over time as humans go about the process of producing the things they need for survival:

> . . . the ‘inward nature’ of men, as well as their ‘consciousness’ of it, i.e., their ‘reason’, has at all times been an historical product (Marx and Engels 1970:507).

In Engels and Marx's theoretical framework, there is a dynamic, mutual shaping of material and social bodies. As humans go about the business of living under the unique, historical, social conditions of capitalism, the environment, human consciousness, the human body, human nature, and human needs themselves, are all transformed (Marx and Engels 1976:37,46,493,541,561). This means that under capitalism, humans come to have peculiarly *capitalist* forms of sociality, and *capitalist* forms of needs that go beyond the basic needs of 'food and drink, housing and clothing' (Marx and Engels 1976:44). Moreover, capitalism ensures a *capitalist* relationship of exploitation comes to exist between all people as they take their place in the labour market:

> The capitalist process of production, therefore, seen as a total, connected process, i.e., a process of reproduction, produces not only commodities, not only surplus value, but it also produces and reproduces the capital-relation itself; on the one hand the capitalist, on the other the wage-labourer (Marx 1976:724).

As a consequence, humans become compelled to become *consumers* of capitalist commodities and *producers* of these goods. These are associated with different social relationships under capitalism.

First, as *producers* of commodities for the capitalist market, humans are exploited as their own labour itself becomes a commodity to be bought and sold on the market. Workers are paid less than the value of their labour, a transaction made possible because under capitalism, labour can produce a value greater than it costs to reproduce and maintain it (that is, the cost of food and shelter for the labourer). In this process, the worker becomes 'alienated'. This notion is used by Marx and Engels to describe the way capitalism, as an historic form of production, strips humans of their humanity and potential for self-fulfilment. In dividing individuals from the object of their production, capitalism alienates their 'species being' – that which makes individuals distinctly human – and turns it 'into a means of his individual existence' (Marx [1844] 1975:329). Capitalism alters work from an harmonious relationship between the worker and nature – where the worker is able to fulfil their essential needs and their 'species being' – to an estranged relationship and a life of drudgery as the worker is separated from the objects of their production and from their fellow workers. Alienation therefore describes a process where our own labour, and its products, comes to be seen as something external and no longer part of ourselves.

Second, as *consumers*, humans are compelled to purchase capitalist commodities in a process that ensures their alienation. Capitalist commodities can be material products or products of the mind, and as Marx wrote in *Capital*, 'appear as autonomous figures endowed with a life of their own', with an 'enigmatic', 'mystical' quality (Marx 1976:163). This is because commodities are the products of human labour, yet they have a social character and an origin that remains obscure, because alienation 'transforms every product of labour into a social hieroglyphic. Later on men try to decipher the hieroglyphic, to get behind the secret of their own social product' (Marx 1976:165,167). Marx and Engels gave the church and the state as examples of such products (which not surprisingly led to the pair being considered radical, see Hughes et al. 1995:32), arguing that humans created the ideas of a god and a state, and now take them as 'givens', subjecting themselves to their authority. Other products also take this alienated form however, and consequently humans fail to question their need for them or their very presence on the market, and are unable to see it is the 'market' that determines what will be available and when. Instead, confronted with a plethora of 'choice', there is no suggestion of the toils of inequality through which they came to be produced, nor of the interests hidden behind these 'choices':

> Thus, in imagination, individuals seem freer under the dominance of the bourgeoisie than before, because their conditions of life seem accidental; in reality, of course, they are less free, because they are to a greater extent governed by material forces (Marx and Engels 1970:87).

In the place of 'choice' and 'freedom', the reality is that consumers are compelled to consume more and more products. 'Needs', which were not present in human society prior to capitalism, become evident (in other words, are socially constructed) in the new context, and commodities to address these are created for the market. For Marx and Engels, there is no immediate end in sight as capitalism remorselessly expands:

> Under the system of private property [i.e., capitalism] . . . each person speculates on creating a *new* need in the other, with the aim of forcing him to make a new sacrifice, placing him in a new dependence and seducing him into a new kind of *enjoyment* and hence into economic ruin. Each attempts to establish over the other an alien power, in the hope of thereby achieving satisfaction of his own selfish needs. With the mass of objects grows the realm of alien powers to which man is subjected, and each new product is a new *potentiality* of mutual fraud and mutual pillage. Man becomes ever poorer as a man, and needs ever more *money* if he is to achieve mastery over the hostile being . . . the expansion of production and needs becomes the inventive and ever *calculating* slave of inhuman, refined, unnatural and *imaginary* appetites – for private property does not know how to transform crude need into human need (Marx 1976:358–9).

Marx and Engels on illness and disease

Marx and Engels had quite a bit to say about illness and disease. This is unsurprising, given the dreadful living conditions of the working class at that time, but may also have been a consequence of Marx's own suffering, for he had various chronic conditions that were, according to Nelson (1999a), lifelong and exacerbated by a lack of exercise, poor diet and too many cigars. Mahon says he 'chronicled the healing practices of many members of the medical profession, and of the German spas, as he wandered Europe and North Africa pursued by death' (Mahon 1990:749). Marx also wrote about suicide and its relationship to class (see Mahon 1990), and Engels, though a much healthier individual, produced a complete volume on the subject of the ill-health, suffering and poverty of the British working class ([1845] 1969). In their various writings, they challenged prevailing perspectives on ill-health, poverty and disease, and produced one of the earliest, identifiably sociological theories of health and medicine.

As with their other social theories, this one grew from critiques of the works of others. For a start, there were many medical theories of disease in use during the mid-nineteenth century, with no particular theory dominant. It was a period well-prior to the establishment of the biomedical orthodoxies of the twentieth century, where successful claims for disease as a physiological-biological phenomena were in place by the 1930s in many Western countries. Popular theories of the nineteenth century included not only galenism and astronomy, but also miasma, 'filth' and contagionism (though it is important to note that such names are modern constructions of historians of medicine, and were unknown at the time). Such theories stand in stark opposition to Engels and Marx's philosophical orientation towards the world, for, as already noted, they saw neither nature nor human nature as fixed or unchanging qualities of life, and perceived the human body to be other than a merely 'natural' body which passively responds to a fixed physical environment (Marx and Engels [1844–1846] 1976:502). Marx and Engels acknowledged the 'stagnant pools' and 'putrefying vegetable and animal substances' that 'give off gases decidedly injurious to health . . . and poison the atmosphere' of the working people's quarters in the big cities (Engels [1845] 1969). Yet the lack of drainage, garbage collection and poor design of the houses, while associated with disease and ill-health, were not, for Marx and Engels, the ultimate or fundamental cause of disease. Nor do they entirely blame the lack of medical care, or the widespread use of poisonous and toxic medicines – though these all contribute to the poor health of the working class (Engels [1845] 1969:134–5). Like their contemporary Florence Nightingale (1860; also Rosenberg 1992:95,102), Marx and Engels challenged theories that were individualistic and reductionist, seeing these as obscuring the true nature of the problem and justifying a lack of political action to prevent disease. Instead Marx and Engels argued that ill-health and disease are a product of the way humans organise and act on their social world as they go about working and living in a particular kind of society.

Marx and Engels also responded to contemporary debates about the connections between disease and poverty. During the eighteenth century, the notion of *poverty* as the cause of illness and disease was widespread (Lawrence 1994:46), and the theory continued to be propounded in the nineteenth century by social reformers such as William Farr (Hamlin 1998:144). The more prevalent view at the time, particularly among the elites, was that poverty was the product of the weaknesses and inabilities of the poor themselves. Marx and Engels took particular issue with this liberal view of disease (Marx and Engels [1844–1846] 1976:490) and challenged those who closed their eyes to the consumptives, the overworked and the starving (Marx and Engels 1976:47). They also took on Malthus as a representative of the bourgeoisie for his ‘open declaration of war on the proletariat’, for Malthus voiced the ideology of Social Darwinism, proposing that the poverty and starvation of the working class are an inevitable consequence of the laws of nature (Engels [1845] 1969:309). In contradistinction to liberalism, Marx and Engels proposed the association between poverty and disease to be a social, not individual, phenomena. The utter poverty and diseases of the working class, Engels termed ‘social murder’ ([1845] 1969:59), for not everyone lived in these same conditions. Some people – the poor – suffered from ill-health and disease more than did other groups. In 1844, he placed the blame for this misery at the feet of the bourgeoisie (Engels [1845] 1969:139–40). Thus Marx and Engels were arguing for a new theory of disease which was radically different from those popular at the time: liberal theories, where disease results from the ‘inherently weak’ bodies of the poor; medical theories, where disease stems from a fixed, natural entity or pathogen; and the evolutionary theories of Social Darwinism, where disease is natural and inevitable, eventually eliminating the weaker races and ‘improving’ the human species. Over the next two decades, Marx and Engels developed the theory of capitalism – a socio-economic system with a particular form of property rights, class relations and political representation – as the causal force which produces the moral and physical degradation of the working class. In such a society, the *very bodies* of the workers become the property of the bourgeoisie (Marx 1964:114).

Health and the healthcare system

Engels and Marx’s writings have inspired several generations of medical sociologists, who have not only greatly extended the original analysis to show capitalism as a social formation with a particular form of production that continues to cause unequal health outcomes across populations (Chossudovsky 1983; Nguyen and Peschard 2003), but also produces historically unique types of healthcare systems, new commodities, new means to manage, control and alter our minds and bodies, and new relationships between ourselves and nature. In this section we look at the relevance of Marx and Engels' main concepts – historical materialism, alienation and commodification – to the analysis of health and healthcare systems.

Historical materialism, capitalism and the healthcare industry

Marx and Engels' commitment to historical materialism provides us with a crucial means to understand health, healthcare and healthcare systems in the contemporary context. Unlike other methods of analysis, this insists on recognising the historical nature of current systems of healthcare, the way these have been produced through struggle and conflict, and how they continue to change with such developments as new production methods or forms of exchange, new technologies, the opening or closing of markets and shifts in world trading patterns. While other medical sociologists take the clinic and the patient–doctor relationship to be the central concern of modern healthcare, Marxian inspired sociologists focus on the production of 'health' through the formation of a capitalist, healthcare *industry*. They seek to demonstrate the healthcare system as a site for commercial transactions – a marketplace – and a site for the production and consumption of capitalist commodities. Thus the boundaries of healthcare are extended well beyond the clinic, for the healthcare system is composed not just of hospitals and medical centres, but research and diagnostic laboratories, pharmaceutical firms, medical equipment manufacturers, health insurance companies and so on. The healthcare *systems* of capitalism therefore have many working parts, entwined by the relations of capitalist production and exchange.

The growth of Marxian analysis in the sociology of health and medicine in the 1960s and 1970s challenged prevailing functionalist analyses (for example, Carr-Saunders and Wilson 1933; Parsons 1951), debating the basis of power of the medical profession and its changing relationship with other occupations and the nation-state (see, for example, debates over professionalisation and proletarianisation, Haug 1988; Coburn 2006). Since the 1970s, one of the more prominent Marxian propositions has been the lack of independence of the medical profession from the class structure, and the way it operates in tandem with the dominant class to maintain the healthcare system and assist the capitalist economy (for example, Johnson 1972; Navarro 1976; Waitzkin 1983; Willis 1994). Within this framework, the professions are central to capitalism, exploiting ill-health, and assisting the nation-state through their surveillance of the population, maintaining social order and engaging in various forms of social control. In developing, applying and credentialing innovations in industry sectors such as pharmaceuticals, the professions also assist with the creation and pursuit of corporate profit, maintaining the hierarchical structure of society and the inequalities of health and perpetuating a form of health system that favours the elites. Moreover, under a capitalist system, it is the elites and the middle class which benefit most from health services: capitalists make profit on the stock exchange or in the ownership of businesses (including medical practices and hospitals), and managers, doctors, social workers, politicians and teachers make a good living from selling their 'expertise' as professionals. From this perspective, the central aim of capitalist medicine is profit, not the creation of good health (Mathews 1992). Where better health *is* the outcome, this is a mere coincidence of opposing interests.

Contemporary Marxian analysis has also focused on the buying and selling of healthcare services and organisations (including hospitals, clinics and diagnostic laboratories) in both national and international markets. These practices intensified from the 1980s, particularly in the United States, where the state has traditionally taken only a small role in the provision of services. One of the earliest to note this phenomenon was Relman (1980), who described the escalation of corporate medical power in terms of a 'medical industrial complex'. Inspired by Marxian theories of capitalism, other studies of the new industry in the United States rapidly followed (for example, Navarro 1986; Lindorff 1992; Hafferty and Light 1995; Light 2004). Researchers have continued to follow the growth of private, for-profit, corporate medicine, and the threat to public systems of care in countries as diverse as Italy (France and Taroni 2005), South Africa (van den Heever 2011), Australia (White and Collyer 1998; Collyer et al. 2014), Britain (Pollock et al. 2001) Malaysia (Phua and Barraclough 2011), and Chile (Waitzkin et al. 2007).

Marx and Engels were writing in the mid-nineteenth century, and since that time there have been very real gains to populations from widespread public health measures and the creation of national healthcare systems. Each such gain has been the outcome of intense and protracted political struggle. For instance, in the case of Victorian Britain, new sanitation measures and systems were produced amidst opposition from medical groups, local and national governments and economic elites (Hamlin 1998). Likewise, in the Australian case, the establishment of a universal health insurance scheme through the national taxation system in 1975 (initially Medibank, now known as Medicare) was bitterly opposed by the medical profession and other political and economic elites, and each change of government brings new threats to its continuation (de Voe and Short 2003). However, even as health outcomes generally improve across the populations with the expansion of capitalist healthcare, the rise of new market giants – many of them operating transnationally – are fundamentally altering the basis of these hard-won national healthcare systems. Recent studies have indicated the important role of governments and state-run healthcare systems in improving health outcomes and ameliorating the more negative effects of market-driven healthcare (Esping-Andersen 1990; Coburn 2004). Some of these come down to essential differences between the 'logics' of the modern state and the market. Where democratic governments have a duty to provide for the citizenry, corporations have legal obligations to their investors, and these take priority over their social obligations to patients or customers (Pollock et al. 2001). Hence the replacement of publicly provided or publicly financed services by others owned or run by private, for-profit corporations presents a serious challenge to the governance of the state in its efforts to produce healthcare services on the basis of equity of access, accountability, cost at the point of service and quality of service. Moreover, with several decades of data now available for analysis, scholars have been able to demonstrate the many problems wrought by private medicine, including escalating costs, a lack of accountability, over-servicing and poor health outcomes, in stark contrast to publicly funded and controlled systems which consistently show lower health costs, more accessible services and better health outcomes (for example, Shi 1994; Elola et al. 1995; Pollock et al. 2001; Giarelli 2004; France and Taroni 2005; Himmelstein and Woolhandler 2008).

Despite the problems of corporate medicine, it is currently the favoured approach to building or maintaining healthcare services in both developing and developed nations: in the former case, governments seek corporate investment to build healthcare systems where none currently exist, and in the latter, to reduce state responsibility for existing public services or improve cost efficiency (Collyer and White 2001:4; Nguyen and Peschard 2003:466; Collyer et al. 2014). The prevailing ideology of neo-liberalism – the 'ruling ideas' of the epoch (Marx and Engels 1976:67) – works in conjunction with the processes of alienation, helping to explain how it is that researchers find it difficult to counter assertions about the 'greater efficiencies' of the private sector, and convince others of the social and material consequences of corporate medicine. Instead of explaining the rising costs of healthcare in terms of changing demographics or higher patient demand for expensive technologies, Marxian analysis points to the inclusion of new items in the national healthcare budgets, that is, paying not just for services but also a substantial contribution to the cost of corporate profit.

Health and illness as commodities

Over the past four decades, medical sociologists inspired by Marxian analysis have been exploring the form of medicine developed under capitalism. The general consensus is that capitalist medicine is characterised by a focus on cure, rather than the prevention of disease, and it is 'objectified' medicine, that is, it focuses on specific parts of the body – an organ, limb, the lymph system – thus separating the 'social individual' from the physical body, often leading to complaints from patients about the loss of identity as they become 'the cancer' or 'heart attack', and obscuring the social determinants of ill-health. Moreover, with commodification, 'health' itself becomes a commodity to be bought and sold, relationships between professionals and patients are purchased on the market and new 'needs' are continually created in the pursuit for profit. Medicine under capitalism is characterised by the provision of 'technical' artefacts as solutions to the problems of ill-health, creating a highly profitable industry (Bates and Lapsley 1985), and consumers, unable to see the 'artificiality' of these needs, are pressured to purchase the commodities on offer. For some scholars, commodification is teamed with another concept, medicalisation, which describes the way new medical categories are increasingly constructed to account for, and offer solutions for human problems: problems that may have previously been considered under the cloak of religion, law, education or even magic. As such, medicalisation is about the increasing use of medical theories, concepts and frameworks to explain social phenomena, social differences and behaviours, or, as Filc (2004) suggests, it is about the de-socialisation of disease. As conceived by Conrad and Schneider (1981), and explored by Williams and Gabe (this volume, chapter 39); explanations for the drivers behind medicalisation are varied, and the concept is not necessarily reliant on a specific social theory or perspective. Thus Marxian accounts form a specific subgroup, combining medicalisation with concepts such as ideology, class, commodification and objectification, to demonstrate the inequalities and exploitation of healthcare in capitalist societies, as well as the capacity of medicine to harness these 'newly created problems' to build new markets and make profit from human suffering. Examples of medicalisation include childbirth (which has become, in the twentieth and twenty-first centuries, a medical 'problem' with a medical solution); the process of breastfeeding and the creation of a new category of professional – the lactation consultant – to teach women to feed their infants; and even new drugs for sexual impotence and the behavioural 'disorders' of children. The increasing replacement of previous approaches to problems by the consumption of new products or techniques, argues McKinlay (1977), is not necessarily because they are technically safer or more efficacious, but merely an outcome of the commodification process of capitalism.

In recent decades, the commodification process has been extended from the production of basic commodities, such as medicines and machines, to the commodification of body parts and even bodies themselves. In this process, people and bodies are transformed 'from a human category into objects of economic desire' (Scheper-Hughes 2001:293). Human organs, for example, form the basis of a worldwide trade in transplantable body parts, where commodification has created two classes of people: organ buyers and organ sellers (Scheper-Hughes 2001). Research has indicated that the trade in body parts, and also bodies themselves (where living persons are used in clinical trials or research experiments), follows class lines. It relies heavily on the use of poor and marginalised populations as subjects and donors, while the profits and the benefits of the trade are expatriated to wealthy countries and population groups (see, for example, Marshall and Daar 2000; Nguyen and Peschard 2003). In this process, the body is reduced to a 'source of raw material for saleable products' (Andrews and Nelkin 1998:53), and yet the cruelties and inequalities of organ exchange and the commodification process are obscured by a rhetoric of 'gift exchange' (Sharp 1994; Scheper-Hughes 2001:304).

Much of the analysis of the commodification of bodies comes from scholars using this concept in conjunction with feminist theories, even though neither Marx nor Engels was to offer a useful analysis of women's experience. An example of the impact of the commodification process on women's bodies can be found in Emily Martin's (1987) work, where reproduction and childbirth are objectified and de-humanised in the machine-like processes of the capitalist economy. Others decry the way women's bodies are utilised as 'laboratories' for medical science (Rowland 1992), or targetted by cosmetic surgery, an industry where patients are subjected to 'oppressive, idealised standards of beauty, where physical appearance drives definitions of self and social worth', and where its 'violence' is sexist, racist and ageist (Scheper-Hughes 2001:307–8). Also investigated are genital surgeries for transgender and intersex populations, wherein there is the promise of liberation but the result is a fetishising of gender dualism, so that the potential for multiple genders and sexual bodies is reduced to only male and female (Scheper-Hughes 2001:308). These surgical practices have come to involve multiple countries and an industry known as medical tourism (for example, Jeffreys 2009). Marxian analysis combined with feminism makes evident the fact that under capitalism, our bodies become a project that is to be shaped, transformed and produced – we are commodified – but also alienated. As wealthy individuals strive to attain the perfect body, they appear to have the freedom to choose but the likelihood of escaping the demands of capitalist society are small.

The commodification process has also come to encompass entire populations at the same time as it focuses on microscopic parts of human life – the DNA – and even the commodification of knowledge itself. Marxian analysis has focused on the utilisation of health and medical knowledge by powerful groups to their own advantage, and how this knowledge is commodified under capitalism, so that medical categories, such as 'diseases', do not appear to embody social relations, but are presented as if they were part of nature (Figlio 1978). Karl Figlio's (1978) case study of chlorosis – a disease of young girls in nineteenth-century Britain – demonstrates the capacity of medical knowledge to conceal the social relations which underpin and cause ill-health. In this case, the category of chlorosis redirects attention from the growing importance of adolescent labour in the capitalist labour market and the poor working conditions of the factory system, and posits blame on the 'inherently weak', individual, female, body.

Marxian analysis has also inspired scholars to theorise the knowledge 'industry' itself, as knowledge becomes, in this new historical period, more than a means to power and market advantage, but indeed the very 'source of profits in modern global markets' (Drahos and Braithwaite 2002:39,52). In this context, the market itself has been reconfigured as nation-states structure the market not only by enacting national legislation but also by entering into international trade agreements concerning intellectual property rights. And in regulating the system and protecting knowledge as 'private property', nation-states ensure that the larger share of the benefits ends up not with the inventors of knowledge, but among corporate players with the capacity to erect barriers around these knowledge products (for example, through licensing arrangements) and defend them in both the legal and political arenas. Hence it is the countries behind the development of the intellectual property systems that are the major beneficiaries, with developing countries being net importers of knowledge. Even Australia, with its developed country status and significant capacity for knowledge production, nevertheless pays out significant sums in licensing and patent fees (Drahos and Braithwaite 2002:11).

As transnational corporations increasingly claim ownership over the ever-expanding field of biological and medical knowledge, commodification intensifies, public health is compromised and health inequalities exacerbated (Negri and Hardt 2001; Nguyen and Peschard 2003:466). This becomes a significant problem for developing countries. For example, countries most in need of medications for diseases such as HIV/AIDS suffer from the high cost of drugs and also their under-supply, because worldwide intellectual property relationships work against their pharmaceutical sectors and prevent them from being part of the major political coalitions working in the trade (Shadlen 2007). Marxian analysis thus demonstrates the broad range of consequences of capitalist production for the health and well-being of all the world's populations.

Concluding thoughts

In the nineteenth century, Marx and Engels offered a critique of prevailing medical theories and liberal ideologies. Medical theories they found to be reductionist and essentialist, assuming disease to be a product of an 'abstract' nature; and liberal ideologies, which held the poor responsible for their own ill-health, were said to obscure the fundamentally social cause of disease. Marx and Engels answered with a theory of the dynamic and mutual shaping of material and social bodies in a world where nature is transformed by human production, as well as a theory of a causal relationship between capitalism, the living conditions of the proletariat, and the infirmities of the body.

Although health, healthcare and systems of healthcare have changed significantly since the nineteenth century, the theories of Engels and Marx are still relevant. Contemporary sociologists have extended these to show the historical nature of health and healthcare, and the unique form of medicine established under capitalism. While capitalism has produced wealth for the major economies, and made it possible for wealthy nation-states in the twentieth century to build public healthcare systems and fund internationally agencies (such as the World Health Organization) to improve the health of populations; the neo-liberal ideologies of capitalism have, since the 1980s, led to the widespread dismantling of these, instead supporting private healthcare systems that enhance capital accumulation and world trade and further embed the inequalities of the class system. While a state of health for some populations still refers to sufficient daily sustenance, shelter and protection from infectious disease; among the wealthy classes 'health' has come to mean an extended life span, and even the possibility of purchasing a new kind of human body, much 'improved' on the old model with replaceable parts and various designer features. This is a state of being unlike that of any previous epoch. As we have seen in this chapter, Marx and Engels have offered the methodology of historical materialism to effectively guide our analysis of the healthcare system. Their insights have been used by many scholars to move beyond the rhetoric and the ideologies of capitalism to acknowledge that healthcare has been different in the past and it is possible for it to be better in the future.

References

Andrews, L. and Nelkin, D. (1998) 'Whose Body Is It Anyway? Disputes Over Body Tissue in a Biotechnology Age' *Lancet* 351:53–57.

Bates, E. and Lapsley, H. (1985) *The Health Machine: The Impact of Medical Technology.* Penguin Books: Ringwood, Victoria.

Bussard, R.L. (1987) 'The "Dangerous Class" of Marx and Engels: The Rise of the Idea of the Lumpenproletariat' *History of European Ideas* 8(6):675–692.

Carr-Saunders, A. and Wilson, P. (1933) *The Professions*. Clarendon Press: Oxford.

Carver, T. (2001) 'Marx, Karl (1818–83)' *International Encyclopedia of the Social and Behavioral Sciences*. Editors-in-Chief N.J. Smelser and P.B. Baltes. Elsevier.

Chossudovsky, M. (1983) 'Underdevelopment and the Political Economy of Malnutrition and Ill Health' *International Journal of Health Services* 13(1):69–87.

Coburn, D. (2004) 'Beyond the Income Inequality Hypothesis: Class, Neo-Liberalism, and Health Inequalities' *Social Science and Medicine* 58:41–56.

Coburn, D. (2006) 'Medical Dominance Then and Now: Critical Reflections' *Health Sociology Review* 15(5):432–443.

Cockerham, W. (2005) 'Medical Sociology and Sociological Theory' in Cockerham, W. (ed.) *The Blackwell Companion to Medical Sociology.* Blackwell: Victoria. pp. 3–22.

Colletti, L. (1975a) 'Introduction' in *Karl Marx: Early Writings* (introduced by L. Colletti and translated by R. Livingstone and G. Benton). Penguin: London. pp. 7–56.

Colletti, L. (1975b) 'Glossary' in *Karl Marx: Early Writings* (introduced by L. Colletti and translated by R. Livingstone and G. Benton). Penguin: London. pp. 429–432.

Collins, R. (1985) *Three Sociological Traditions*. Oxford: New York.

Collyer, F.M. (2010) 'Origins and Canons: Medicine and the History of Sociology' *History of the Human Sciences* 23(2) April:86–108.

Collyer, F.M. (2012) *Mapping the Sociology of Health and Medicine: America, Britain and Australia Compared*. Palgrave Macmillan: Houndmills, Basingstoke.

Collyer, F.M. and White, K.N. (2001) *Corporate Control of Healthcare in Australia* Discussion Paper No. 42, Australia Institute, Australian National University: Canberra.

Collyer, F.M.; Harley, K.; Willis, K. and Short, S.D. (2014) 'Money and Markets in Australia's Healthcare System' in Meagher, G. and Goodwin, S. (eds.) *Markets, Rights and Power in Australian Social Policy*. Sydney University Press: Sydney.

Connell, R. (1997) 'Why Is Classical Theory Classical?' *American Journal of Sociology* 102(6):1511–1557.

Conrad, P. and Schneider, J.W. (1981) *Deviance and Medicalization: From Badness to Sickness*. C.V. Mosby: St Louis.

de Voe, J.E. and Short, S.D. (2003) 'A Shift in the Historical Trajectory of Medical Dominance: The Case of Medibank and the Australian Doctors' Lobby' *Social Science and Medicine* 57:343–353.

Drahos, P. and Braithwaite, J. (2002) *Information Feudalism*. The New Press: New York.

Elola, J.; Daponte, A. and Navarro, V. (1995) 'Health Indicators and the Organisation of Healthcare Systems in Western Europe' *American Journal of Public Health* 85:1397–1401.

Engels, F. (1839) *Letters from Wupperthal Telegraph für Deutschland* Nos. 49, 50, 51 and 52 for March and Nos. 57 and 59 for April, 1839.

Engels, F. ([1844] 1959) 'Outlines of a Critique of Political Economy' in Marx, K. (ed.) *Economic and Philosophical Manuscripts of 1844*. Progress Publishers: Moscow.

Engels, F. ([1845] 1969) *The Condition of the Working Class in England* (introduction by Eric Hobsbawm). Panther Books: St Albans.

Engels, F. (1970) 'Speech at the Graveside of Karl Marx' in Karl Marx and Frederich Engels (eds.) *Selected Works* (volume three). Progress Publishers: Moscow. pp. 162–163.

Engels, F. ([1845] 1975) 'Theses on Feuerbach' in Colletti, L., (introduction) Livingstone, R. and Benton, G. (translations) *Karl Marx: Early Writings*. Penguin: New York.

Esping-Andersen, G. (1990) *The Three Worlds of Welfare Capitalism*. Princeton University Press: Princeton, NJ.

Figlio, K. (1978) 'Chlorosis and Chronic Disease in 19th-Century Britain – Social Constitution of Somatic Illness in a Capitalist Society' *International Journal of Health Services* 8(4):589–617.

Filc, D. (2004) 'The Medical Text: Between Biomedicine and Hegemony' *Social Science and Medicine* 59(6):1275–1285.

France, G. and Taroni, F. (2005) 'The Evolution of Health-Policy Making in Italy' *Journal of Health Politics, Policy and Law* 30(1–2):169–187.

Gerhardt, U. (1989) *Ideas About Illness*. Macmillan: London.

Giarelli, G. (2004) 'Convergence or Divergence? A Multi-Dimensional Approach to Health Care Reforms' *International Review of Sociology* 14:171–203.

Hafferty, F. and Light, D. (1995) 'Professional Dynamics and the Changing Nature of Medical Work' *Journal of Health and Social Behaviour* (extra issue):132–153.

Hamlin, C. (1998) *Public Health and Social Justice in the Age of Chadwick*. Cambridge University Press: Cambridge.

Haug, M. (1988) 'A Re-examination of the Hypothesis of Physician Deprofessionalisation' *Milbank Quarterly* 66:48–56.

Himmelstein, D. and Woolhandler, S. (2008) 'Privatization in a Publicly Funded Health Care System: The U.S. Experience' *International Journal of Health Services* 38(3): 407–419.

Hughes, J.; Martin, P. and Sharrock, W. (1995) *Understanding Classical Sociology.* Sage: London.

Jefferys, M. (2001) 'The Development of Medical Sociology in Theory and Practice in Western Europe 1950–1990' in Matcha, D. (ed.) *Readings in Medical Sociology.* Allyn and Bacon: Boston, MA. pp. 14–19.

Jeffreys, S. (2009) *The Industrial Vagina: The Political Economy of the Sex Trade*. Routledge: London.

Johnson, T. (1972) *Professions and Power.* Macmillan: London.

Lawrence, C. (1994) *Medicine in the Making of Modern Britain, 1700*–1920. Routledge: New York.

Light, D.W. (2004) 'Introduction: Ironies of Success: A New History of the American Health Care "System" ' *Journal of Health and Social Behavior* 45 (extra issue):1–24.

Lindorff, D. (1992) *Marketplace Medicine*. Bantam Books: New York City.

Mah, H.E. (1986) 'Karl Marx in Love: The Enlightenment, Romanticism and Hegelian Theory in the Young Marx' *History of European Ideas* 7(5):489–507.

Mahon, J. (1990) 'Marx as a Social Historian' *History of European Ideas* 12(6):749–766.

Marshall, P.A. and Daar, A. (2000) 'Ethical Issues in the International Development of Human Organ Replacement Technologies: India and the Commercialisation of Kidney Transplantation' in Whiteford, L. and Manderson, L. (eds.) *Global Health Policy, Local Realities: The Fallacy of the Level Playing Field.* Lynne Rienner: Boulder. pp. 205–232.

Martin, E. (1987) *The Woman in the Body: A Cultural Analysis of Reproduction.* Beacon Press: Boston.

Marx, K. ([1844] 1959) *Economic and Philosophical Manuscripts of 1844.* Progress Publishers: Moscow.

Marx, K. (1964) *Pre-Capitalist Economic Foundations*. International Publishers: New York.

Marx, K. ([1844] 1975) 'Economic and Philosophical Manuscripts of 1844' in *Karl Marx: Early Writings* (introduced by L. Colletti and translated by R. Livingstone and G. Benton) Penguin: London. pp. 429–432.

Marx, K. (1976) *Capital*. Vol.1. Penguin: Harmondsworth.

Marx, K. and Engels, F. ([1848] 1960) *Manifesto of the Communist Party.* International Publishers: New York.

Marx, K. and Engels, F. ([written 1844–6, first published whole in 1932] 1976) *The German Ideology.* Progress Publishers: Moscow.

Mathews, M. (1992) 'Medicine In Daily Life – The Wellbeing Crisis' in Jagtenberg, T. and D'Alton, P. (eds.) *Four Dimensional Social Space*. Harper Educational Publishers: Artarmon, NSW. pp. 400–407.

Mazlish, B. (1990) 'Marx's Historical Understanding of the Proletariat and Class in 19th-Century England' *History of European Ideas* 12(6):731–747.

McKinlay, J.B. (1977) 'The Business of Good Doctoring or Doctoring as Good Business: Reflections on Freidson's View of the Medical Game' *International Journal of Health Services* 7(3):458–483.

Navarro, V. (1976) *Medicine and Capitalism*. Prodist-Croom Helme: London.

Navarro, V. (1986) *Crisis, Health, and Medicine*. Tavistock: New York and London.

Negri, A. and Hardt, M. (2001) *Empire*. Harvard University Press: Cambridge, MA.

Nelson, A. (1999a) 'Marx and Medicine. Part 1: Before the Publication of Das Kapital' *Journal of Medical Biography* 7:50–57.

Nelson, A. (1999b) 'Marx and Medicine. Part 2: After the Publication of Das Kapital' *Journal of Medical Biography* 7:50–57.

Nguyen, V-K. and Peschard, K. (2003) 'Anthropology, Inequality and Disease: A Review' *Annual Review of Anthropology* 32:447–474.

Parsons, T. (1951) *The Social System*. Routledge and Kegan Paul: London.

Phua, K-L. and Barraclough, S. (2011) 'A Strange Thing Happened on the Way to the Market: Privatisation in Malaysia and Its Effects on the Health-Care System' *Research in the Sociology of Health Care* 29:229–242.

Pinkard, T. (2001) 'Hegel and the Social Sciences' *International Encyclopedia of the Social and Behavioral Sciences*. Smelser, N.J. and Baltes, P.B. (Editors in Chief). Elsevier.

Pollock, A.; Shaoul, J.; Rowland, D. and Player, S. (2001) *Why It Matters Whether the Public Sector or the For-Profit Private Sector Delivers Key Public Services* Briefing note 4: Response to the Report of the IPPR Commission on Public Private Partnerships. Health Policy and Health Services Research Unit, School of Public Policy, University College London.

Relman, A. (1980) 'The New Medical-Industrial Complex' *New England Journal of Medicine* 303:963–970.

Rosenberg, C. (1992) *Explaining Epidemics and Other Studies in the History of Medicine*. Cambridge University Press: Cambridge.

Rowland, R. (1992) *Living Laboratories: Women and Reproductive Technologies*. Indiana University Press: Bloomington, IN.

Scheper-Hughes, N. (2001) 'Commodity Fetishism in Organs Trafficking' *Body and Society* 7(2–3):31–62.

Seed, J. (2010) *Marx: A Guide for the Perplexed,* Continuum Books: London.

Shadlen, K. (2007) 'The Political Economy of AIDS Treatment' *International Studies Quarterly* 51(3):559–581.

Sharp, L.A. (1994) 'Organ Transplantation as a Transformative Experience' *Medical Anthropology Quarterly* 9:357–389.

Shi, L. (1994) 'Primary Care, Specialty Care and Life Chances' *International Journal of Health Services* 24:431–458.

van den Heever, A. (2012) 'The Role of Insurance in the Achievement of Universal Coverage within a Developing Country Context: South Africa as a Case Study' *BMC Public Health* 12(Suppl 1):S5.

Waitzkin H. (1983) *The Second Sickness: Contradictions of Capitalist Health Care*. Free Press/Macmillan: New York.

Waitzkin, H.; Jasso-Aguilar, R. and Iriart, C. (2007) 'Privatisation of Health Services in Less Developed Countries: An Empirical Response to the Proposals of the World Bank and Wharton School' *International Journal of Health Services* 37(2):205–227.

White, K.N. and Collyer, F.M. (1998) 'Health Care Markets in Australia: Ownership of the Private Hospital Sector' *International Journal of Health Services* 28(3):487–510.

Willis, E. (1994) *Illness and Social Relations*. Allen and Unwin: Sydney.