

is provided by any word search of the play plus one's availing oneself of the *OED*'s resources, but, despite its synoptic perspective, it only offers us a scenario and framework; the detail has to be supplied. The strangely provisional conclusion to the action, where marriages cannot come to pass without Malvolio's quiescence and Viola seen in her true garb, is mirrored in this ambiguous phrase, where the precision of the word choice leaves the door open to a non-comic, even unfortunate, conclusion; Viola/Cesario is either an embodiment of affection or of a fanciful construction of the moment. As suggested by the play's title, how long can these affections last?

It could be a valid conclusion to claim that word patterns might not be as evident in the texture of the play without our observing not only their distribution in the work but also their significant frequency. "Fancy" is woven into how the play comments upon transience and – to change the metaphor – its presence is almost symphonic, not immediately available at first (linear) glance, but more evident once we dwell on its "placement", how its repetitions occur at thematically significant moments. Moreover, it would be incorrect to stereotype digital researchers as post-humanists *tout*

court. Franco Moretti can relish more than statistics and word-flow charts and, indeed, can appreciate just what they have to contribute when coming to terms with individual texts. For example, how is Horatio used in *Hamlet*? The question is a loaded one for the regular answer is one bounded by his presence as a single *dramatis persona*. He is what he is, a friend of Hamlet's, but Moretti discovers a function that can only be realised graphically.

Though Horatio is an old fixation of mine, I had never fully understood his role in *Hamlet* until I looked at the play's network structure. The keyword, here, is "looked"; what I took from network theory was its basic form of visualization: the idea that the temporal flow of a dramatic plot can be turned into a set of two-dimensional signs – vertices (or nodes) and edges – that can be grasped at a single glance. (*Distant Reading*, p. 211).

To some the reduction of form to its rendition suitable for perusal "at a single glance" is to miss the sense of duration in a linear frame; but the radial "glance" is exactly what we are not accustomed to notice – and its pertinence should not now be ignored.

THE SOCIAL DETERMINANTS AND HEALTHY EQUITY

Professor Sir Michael Marmot FBA FMedSci

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The most interesting aspects of existence according to Sir Michael Marmot are Life and Death. In Sir Michael's book *La Salute Disuguale (The Health Gap)*, he describes how the increase in life expectancy in England has almost "ground to a halt" since 2010. University College London's Institute of Health Equity of which Sir Michael Marmot is the Director has demonstrated that in the UK, life expectancy had risen by 2.4 years every year in the female and by 2.3 years every year in the male from 2006 to 2012 using statistics from the Office of National Statistics (ONS). However since 2012, it has become a flat line. Sir Michael, a leading expert on public health claimed that "the cuts in social spending and the failure of the NHS to continue to raise the spending per person is having a significant impact on health and social care for the very old. He also noted that now "we see the rise in dementia which is very troubling, and that it too will require an increase in health and care spending to tackle it and that's not happening."

According to the Health Secretary, Jeremy Hunt, the Office of National Statistics “got it wrong” and he insisted that Tory cuts weren’t to blame. But Sir Michael insists that austerity is the cause of this slowdown which started between 2009 and 2010. It is certainly present throughout Europe because of the financial crisis; the biggest fall occurred in England and Germany but much less in the Devolved Countries of the UK. Indeed in England, it has slowed to a standstill.

Under Labour between 1983 and 2000, spending on the NHS rose each year. Under New Labour after 2003 the spending decreased with it falling faster under the coalition. Life expectancy has decreased three years in a row compared with that in the USA

The Institute’s analysis of the latest figures shows that life expectancy at birth in England was 79.38 years in males and 83.06 in females in 2013-15. This is only a slight increase from 78.31 in males and 82.33 in females in 2010. Until now, life expectancy has risen steadily over time for the past hundred years.

The analysis found that life expectancy at birth increased by one year every five years in females and by one year every 3.5 years in males from 2000 to 2015. However, Since 2010, this has slowed to one year every 10 years in females and one year every six years in males.

Professor Marmot said that he was “deeply concerned” by the figures. He said that government policies such as cuts in social care and public health and reduced NHS spending per person may have affected the trend and needed re-examining.

Older people with dementia and Alzheimer’s disease, now the leading causes of death among women in England, and it is the second leading causes in men behind heart disease. He argued that “standing still” in terms of funding and support was not a sufficient response to the rapid rise in dementia rates.

He added, “When people say to me, we haven’t got the money to do all of those things—this is a political decision.

He concluded, “I have no doubt at all that, if we spend less on areas that we’ve identified as being causally related to inequalities and health, then this will have an adverse impact on health. We must not reduce the proportion of our national income that goes into public expenditure”.

Professor Marmot said that stagnating life expectancy in England was “not inevitable” and argued that the country should aspire to the levels in Japan and Hong Kong, which have the highest life expectancies in the world.

“It is not inevitable that life expectancy should have levelled off. We can improve life expectancy by another four or five years and it’s a matter of urgency to try and examine why this stagnation has happened”.

The six clear policy recommendations of the Institute of Health Equity in its review to improve health and reduce inequalities are:

- Give every child the best start in life
- Enable all children, young people, and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy living standard for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention