

des marchés matrimoniaux, s'entassent dans des conditions épouvantables, se plient à la discipline du travail industriel, s'abrutissent dans l'alcool, explosent dans des colères foudroyantes, s'aiment, font des enfants, les enterrent si souvent... Comme l'écrit Chantal Petillon : « aussi peut-on affirmer, sans forcer le trait outre mesure, qu'entre 1750 et 1880, hommes et femmes de Roubaix ne maîtrisèrent que bien peu de choses dans le cours individuel et familial de leur existence, comme s'ils étaient broyés par le caractère massif d'une industrialisation qui s'immiscitait dans leur quotidien au point d'être maîtresse de leur vie » (p. 348).

Cet ouvrage constitue à n'en pas douter une contribution très précieuse à la démographie historique des populations urbaines industrielles au XIX<sup>e</sup> siècle, que les historiens du Nord, belge et français, explorent avec détermination depuis 20 ans, accumulant une richesse d'information et une qualité d'interprétation sans cesse croissantes. Si, précisément parce que le rythme des progrès est soutenu, l'on peut regretter que la bibliographie n'ait pas été actualisée depuis la soutenance de la thèse, celle-ci n'en révèle pas moins une connaissance appréciable de la littérature internationale en général, belge en particulier, ce qui se justifie par l'importance des apports d'Outre-Quévrain à la population de Roubaix et la multiplicité des études menées récemment en ce pays. À l'occasion, j'ai ressenti un peu de frustration devant une analyse démographique restée très classique. Il y a eu chez Chantal Petillon, comme chez René Leboutte, Olivier Faron, Thierry Eggerickx, moi-même dans une modeste reconstitution des familles des indigents de Huy, une volonté obstinée d'appliquer aux populations urbaines du XIX<sup>e</sup> siècle des méthodes qui furent formatées sur les familles rurales d'Ancien Régime. Il est clair maintenant que l'on peut aller plus vite et plus loin en utilisant le potentiel des outils longitudinaux multivariés. Mais il est honnête de reconnaître qu'en 1996, seule une poignée d'historiens les utilisaient déjà, et tous ceux qui sont passés par là savent

combien il était aisé de ressentir la nécessité d'un renouveau méthodologique, combien pour autant il fut difficile et reste délicat à concrétiser. Sans donc plus s'attarder sur des restrictions qui font figures de vêtiles, il faut rendre hommage à l'ampleur et aux qualités du travail accompli par Chantal Petillon, lui souhaiter de continuer sur sa lancée et recommander à tous les lecteurs des *Annales de démographie historique* de lire son livre riche, qui restera longtemps une référence.

Michel ORIS

Marco BRESCHI and Lucia POZZI (eds.), **The Determinants of Infant and Child Mortality in Past European Populations**, Udine, Forum, 2004, 230 p.

This volume is the result of a seminar held in Alghero-Sassari between the 19<sup>th</sup> and 21<sup>st</sup> September 2002. The seminar's ambitions were to produce a discussion which could contribute to a better understanding of the evolutionary process of infant and child mortality among past European populations. The great challenge of this volume was the reconstitution of individual and family biographies for periods before data collections and in this particular context, the study of the key determinants of mortality in the first years of life. Moreover lots of papers used a longitudinal perspective.

No less than 11 contributions are presented in this volume! Five of the papers focus principally on the influence of socio-economic factors on infant and child mortality (Razzel-Spence; Edvinsson; Ó Gráda; Derosas; Breschi-Manfredini-Pozzi). On the other hand, the contributions of Reid and Oris-Neven-Alter take into account biological and maternal aspects of infant and child mortality. Finally, Shelton, van Poppel and Ward are more centred on the role of health and medical care. The paper of Reher and Sanz meddle with all these three main themes.

In the first contribution, Reher and Sanz describe the incidence of mortality in

Aranjuez, a small Spanish town located some 50 km south from Madrid, between 1871 and 1950. They first illustrate infant and child mortality according to age. Then the authors formulate some hypothesis about the possible determinants of mortality, with particular regards to breastfeeding and the weaning period. Considering the role of education and public health, the authors assign a decisive role to the education of mothers. They put public health and medicine to a secondary level. It means that "the key to bringing mortality down, to improving child health, was related to how successfully mothers fulfilled their role".

The second contribution by Razzel and Spence looks at "the role of poverty and disease environment in shaping mortality patterns" in Great Britain from the sixteenth century up until the turn of the nineteenth century. The authors assert that wealth itself does not constitute a sufficient guarantee against the incidence of mortality before the nineteenth century. It is conform to the well-known theory of "epidemiological transition" given by Omran (1983), in which infectious diseases that killed indiscriminately the poor as well as the rich were replaced by degenerative diseases with the appearance of a social class/mortality gradient. The transition which took place in Great Britain in the eighteenth and nineteenth centuries is seen as the result of important improvements in sanitary conditions, public hygiene and living conditions which, in turn, reflected a cultural shift in attitude towards hygiene, cleanliness and medical treatment, benefiting particularly to the urban elites and the aristocracy. It was only with the development of large cities and the process of segregation that mortality's differentials became stronger, affecting most of the poor people. Razzel and Spence also argued against a purely economic interpretation of the health transition. For them, the transition occurred as the result of a transformation in the disease environment.

Edvinson's work also analyses the economic differentials in infant and child mortality considering twenty parishes located in two large regions (Sundsvall and Skellefteå) in Sweden in the nineteenth century. He formulates two hypotheses. First of all he supposes that "groups with better economic and other resources had a better survival rate for their children". The second hypothesis is related to the industrialisation process over time, which tended to create differences among people, wealthy groups taking advantage of the "new possibilities" created by industrialisation. Results indicate that the relation between social position and mortality was not always true, "the pattern of social inequality in infant and child mortality differed depending on period and environment". However, Edvinson's findings confirm the second hypothesis. The more wealthy groups separated themselves from the others during industrialisation.

The article by Cormac Ó Gráda focuses on the Irish experience, more particularly on Dublin. The author begins his contribution with a detailed description of Dublin in the second part of the nineteenth and the beginning of the twentieth century. Main attention is given on age-distribution of deaths by socio-economic group. Then Cormac Ó Gráda outlines the major trends in infant and child mortality in Dublin and Belfast. He shows in particular that "mortality in Dublin was higher than in Belfast in the 1880-1910 period, but that the gap was narrowing over time". This author then examines child and infant mortality with the census of 1911. He finds a possible link between mortality and fertility in each households inhabited by a married couple. It would seem that these couples who spaced their births and used some forms of birth control had lower risk of mortality among their children.

In the second part of his paper, Ó Gráda focuses his attention on socio-economic differentials in the urban area of Pembroke,

which became part of Dublin. The author reveals the important role played by industrialisation and socio-economic status on mortality. However, the imprecise nature of some covariates does not allow a precise appreciation of the cultural aspects real strength, as it is observed by Ó Gradà himself.

The two final contributions related to socio-economic factors concern Italy, in particular the cities of Venice and Casalguidi, the latter belonging to the rural areas of Tuscany.

Derosas's contribution focuses on the relationship between socio-economic factors and infant and child mortality in Venice between 1850 and 1869. His analysis is based on longitudinal observation of individual biographies. The results show that social inequalities were clearly reflected by differential mortality outcomes. Young children were particularly exposed to suffer from these social inequalities. However, when Derosas tried to identify the mechanisms which made social inequalities effective for child survival, he was not successful. The absence of adequate data as well as the fact that "well being was generally related to socio-economic status" explain the difficulty to discern these mechanisms.

The findings of Breschi, Manfredini and Pozzi on the village of Casalguidi, in the Grand Duchy of Tuscany throughout 1819-1859, are not dissimilar from those outlined above. Individual data records are used to conduct the research and provide information concerning the economic conditions of the family into which the child was born. One interesting aspect is the use of data derived from the tax register which enables each family to be classified in terms of the occupation of the head of the household, the amount of tax paid, and whether or not the family owned the home in which they lived. It can be observed that the impact of socio-economic factors tended to increase as the child got older and that the risk of mortality declined according to social class.

Using a different perspective, Alice Reid investigates the relevance of maternal care, biological aspects and other factors related to mother's health in Derbyshire for the years 1917-1922. She uses the Health Visitor data set. The Health Visitor paid regular visits to the mother during the child's first five years and reported the state of the child's health. Reid results indicates that factors as congenital frailty, maternal condition, parental care and households circumstances played an important role in the fact that some women were more prone to witness a large number of deaths among their children in comparison with other mothers. Although it is difficult to estimate the relative weight of each of these factors, Alice Reid concludes that "clustering of deaths due to endogenous causes was probably more significant than clustering due to exogenous causes". She demonstrates that the health of the mother was a key factor for the child's survival.

The influence of mother's health on infant survival is also examined by Oris, Neven and Alter in their contribution on three Belgian communities, two rural areas (Pays de Herve, Sart) and one industrial town (Tilleur), during the nineteenth century. They first analyse the fertility-mortality association with the concept of "maternal depletion" which is central to this work. Then the authors look at the mortality of mothers and their children in the three regions. It was particularly difficult to identify the factors contributing to the progressive deterioration in the mother's condition. For resolving this problem, the authors incorporate a vast range of covariates in the various analysis for each stage of the child's life. Their results showed that only in the Pays de Herve the role of maternal depletion was marked. However, this is the area where maternal mortality and the mortality of married women were the lowest.

Shelton's paper explores the contribution of medical care and health care policy to mortality decline. She examines in particular "the

role of public health in influencing childhood mortality at the local level". To do this, she leaned on the testimony of Medical Officers of Health (MOH) who sought to improve the health of children. In this context, two counties were analysed in Victorian England: Devon and Cornwall. A particular emphasis was given to the role of breast-feeding in protecting children against illness which were more prevalent in urban areas and in the industrialized part of Cornwall. She found that breast-feeding rates were particularly low in Cornwall which was characterised by poor sanitary and hygiene conditions. In order to appreciate the impact of MOH, a deeper analysis was conducted in the two counties. Her results indicate that public health could sometimes moderate mortality but "infant mortality did not appear to be just a sanitary index".

In his contribution to this volume, Frans Van Poppel demonstrates that medicine and the medical profession had little to do with the historical decline of mortality in the Netherlands. To do this, he reconstructed the life experiences of children born to a sample of doctors living in a number of towns in the north east of Holland. A database was built containing information on medical professions during the period 1850 to 1920. Applying multivariate analysis at an individual level, this author showed that children of doctors did not have better chance of survival compared to those of other social classes. In turn, considering the period of graduation, the data revealed that this variable was more decisive for children mortality than the level of medical training. However, the results are not totally conclusive due in part to a restricted data set which is still in development with the addition of future covariates (such as the survival of the previous child, multiple births, birth intervals...).

The last contribution from Peter Ward examines the history of perinatal mortality in Bologna between 1880 and 1940. This paper was based on the maternity case records of the Ospedale Sant'Orsola in

Bologna, one of the two clinics present in the city at this period. The segment of population analysed here allow an evaluation of the importance of both medical progress and the close link between mother health and the health of the newborn child. Using the rich information collected on the health of the mother prior to and during her pregnancy, Ward is able to verify an anticipated decline in perinatal mortality, at least from the beginning of the nineteenth century, and explores the multiple causes of perinatal death in an European society. The data showed that only a combination of medical knowledge and a better patient health and nutrition were the dominant factors for the slowly declining perinatal risk in Bologna.

Thus, we can say that with this volume the reader has a large view of the mechanisms implied in the infant and child mortality among past European population. I hold also to underline the strictness of the statistical analysis, notably with the use of models related to the Event History Analysis.

Yannic FORNEY

Edward HIGGS, **Life, Death and Statistics. Civil Registration, Censuses and the Work of the General Register Office, 1836-1952**, Hatfield, Local Population Studies, 2004, 258 p.

Afin d'exposer un pan important de l'histoire des pratiques statistiques en Grande-Bretagne, Edward Higgs a choisi un angle d'attaque institutionnel. Mais son projet épistémologique va au-delà de ce type d'historicité qu'il qualifie lui-même de « vieux jeu » : son propos s'emploie à battre en brèche la célèbre thèse foucauldienne, développée dès 1966 dans *Les mots et les choses*, et reprise avec une plus grande focalisation sur les sciences sociales dans les cours que le philosophe donna au Collège de France<sup>3</sup>. Cette thèse a pour objet essentiel de démontrer que lorsqu'un État collecte des données, c'est avec l'objectif premier de mieux contrôler la population, de l'encadrer afin de la gouverner plus rationnellement