

Health and historical demography

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Demography, in the words of one well-known textbook, is “the study of population structure and change” (Hinde 1998). Its essential building blocks include measures of fertility, nuptiality, migration, family and household structure, and mortality. However, contemporary demographers have also become increasingly interested in ways of measuring the ‘quality’ of people’s lives, as reflected in a range of anthropometric indicators, such as height, weight and body mass, cognitive performance, and morbidity.

Although at least some of these indicators have played a significant role in recent historical debates, these have often taken place outside the strict boundaries of the community of historical demographers. At recent meetings of the European and North American Social Science History Associations, for example, papers dealing with either anthropometry or the history of morbidity have been at least as likely to appear under the headings of *Economics*, *Economic History*, *Health and Environment*, or *Health/Medicine/Body*, as under *Family/Demography* or *Family and Demography*. This pattern was also reflected in the organisation of the inaugural meeting of the European Society for Historical Demography. The conference programme for this meeting included thirty papers whose titles contained the words ‘mortality’, ‘deaths’, ‘survival’ or ‘life expectancy’, but none which referred explicitly to such topics as illness, sickness, disease, disability, height, weight, obesity, body mass or morbidity.

It is interesting to contrast the comparatively narrow focus suggested by this analysis with the somewhat broader focus of contemporary demography. Figure 1 is based on an admittedly cursory analysis of key terms used in the titles of articles which appeared in *Demography*, *Population Studies* and *Population and Development Review* between 2011 and 2015 (inclusive). It focuses on articles that were explicitly concerned with issues such as health, morbidity and mortality, and excludes articles that focused on issues such as fertility, fecundity, nuptiality, migration and household structure. As one might expect, the majority of these articles were concerned with the specific question of mortality, but there were also significant numbers that focused on other aspects of health, disease, and either physical or mental development and well-being.

It is also interesting to compare the treatment of these issues by historical demographers with their coverage by practitioners of other historically-minded social science disciplines. The literature on the quantitative history of non-fatal morbidity

is still relatively small, but the number of publications dealing with anthropometric history has expanded very dramatically. In 1994, in a paper which I published in *Social History of Medicine*, I cited 63 books, chapters and articles that were primarily concerned with the anthropometric history of the United Kingdom, Sweden, the Austro-Hungarian Empire and the United States (Harris 1994). In 1995, Richard Steckel published a much more comprehensive review, listing 145 references, of which 83 were defined explicitly as ‘height studies’ (Steckel 1995). However, when Steckel revisited the field in 2009, he identified a total of 326 articles on the history of height, weight, or body mass, which had appeared between 1995 and 2008. The vast majority of these articles had either been published in interdisciplinary journals or in journals aimed primarily at economists and economic historians, with very few in demographic publications (Steckel 2009).

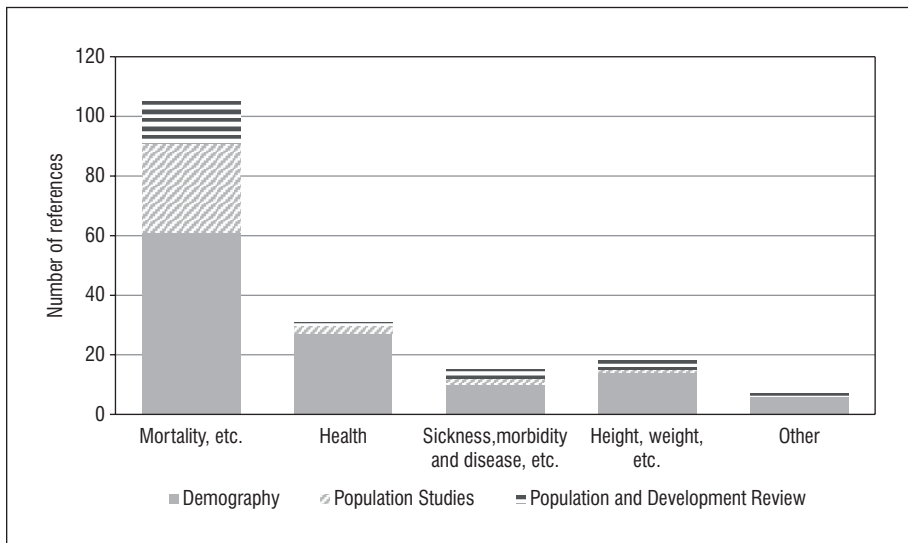


Figure 1. Key terms used in the titles of articles in leading demographic journals, 2011-15.

The literature on each of these topics remains controversial. A large proportion of the historical data on non-fatal illnesses, injuries and disabilities comes from insurance records and this has led to debates as to what the data actually represent (for an initial discussion, see Edwards *et al.* 2003). Some authors have argued that the figures are not ‘true’ sickness statistics because they measure absence from work, and others have claimed that they also reflect the financial health of the institutions making insurance payments. Yet others have argued that they are too susceptible to the effects of fluctuations in the labour market or that they represent a form of ‘rubber ruler’, whose dimensions have changed in response to changes in social, cultural and diagnostic conventions. The value of anthropometric data

has also been questioned, both conceptually and methodologically. Many of the data come from the recruitment records of military organisations which applied minimum height standards. This has generated a vigorous debate over the use of different statistical procedures to correct for truncation. Other writers have argued that the statistics are invalidated by the impact of labour market conditions on both the recruitment of soldiers and the 'supply' of prisoners, although these claims have also been challenged.

Despite these concerns, the literature on both anthropometric history and the history of morbidity has much to offer. As George Alter and James Riley have observed, the history of morbidity is not the same as the history of mortality, and a better understanding of the nature and extent of non-fatal illnesses could reveal much about the lived experience of past populations. The history of human height can also reveal a great deal about the impact of environmental and nutritional circumstances on the lives of past generations from conception to maturity. The discovery of new information about historical weights, in turn, has provided fresh insights into the development of nutritional conditions during adulthood. These statistics can also be used to improve our understanding of human development throughout the life course and to explore the impact of both early- and mid-life conditions on health and mortality at higher ages. Using these data therefore has the potential to add to the value of historical demography by reinforcing the links between historical demography and contemporary demography, and by improving our understanding of the challenges facing present-day societies.

References

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Biography

Bernard Harris is Professor of Social Policy at the University of Strathclyde. His interests include the history of health, welfare and social policy. *The changing body: health, nutrition and human development in the western world since 1700* (co-authored with Roderick Floud, Robert Fogel and Sok Chul Hong) received the PROSE Award for Economics in 2011.