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‘What was killing babies in Ipswich? An investigation of infant mortality using individual causes of death, 1871-1910’

This paper reports on work undertaken as a contribution towards the SHiP-network’s stated aim to study the dynamics of mortality change in port cities across Europe. It utilises individual cause of death data extracted from the Vaccination Registers of the port town of Ipswich, Suffolk, England, collected as part of an earlier study: a ‘Sociological Study of Fertility and Mortality in Ipswich 1872-1910’ (Garrett, Razzell and Davies, 2007; DOI [10.5255/UKDA-SN-5413-1](https://doi.org/10.5255/UKDA-SN-5413-1)).

The causes of death have been re-coded using ICD10h, an historical cause of death coding system developed at the Universities of Cambridge and Edinburgh. ICD10h is based on the WHO’s ICD10 system, and has been adopted by the SHiP network to allow comparisons across space and time.

Ipswich lies at the head of estuary of the River Orwell, several miles inland from the ferry ports of Harwich and Felixtowe. We will compare and contrast the Infant Mortality Rates, Neonatal Mortality Rates, Post-neonatal mortality rates, and seasonal trends in infant mortality found in Ipswich over the 40 years between 1871 and 1910 with those seen in the port cities studied by our SHiP partners.

In addition we will consider the changes in the terms in which causes of death were recorded in the death registers of Ipswich and discuss whether recording practices may have influenced our understanding of the relative impact of the categories of cause of death being studied by the participants in SHiP: congenital-birth defects, weakness, convulsions, water/food borne disease, teething, airborne disease, other infectious diseases, other-non infectious diseases and external causes.

Most causes of death recorded in England were copied into the Registers of Death from the Medical Certificate of Cause of Death (MCCD) filled in by the doctor attending the deceased, or supplied by the coroner conducting an inquest into an unexpected or suspicious death. As the training of these professionals changed over time, along with the instructions they were given on how to fill out an MCCD, it is likely that this will have affected the categories of cause of death to which certain deaths were allocated, both in the Annual Reports of the Registrar General for England and Wales and in the categories used by the SHiP research teams. By comparing discontinuities in causes of death reported in Ipswich with the series of causes reported elsewhere in Europe we hope to shed light on the role that recording practices may have had shaping patterns of mortality in Victorian and Edwardian England and beyond.