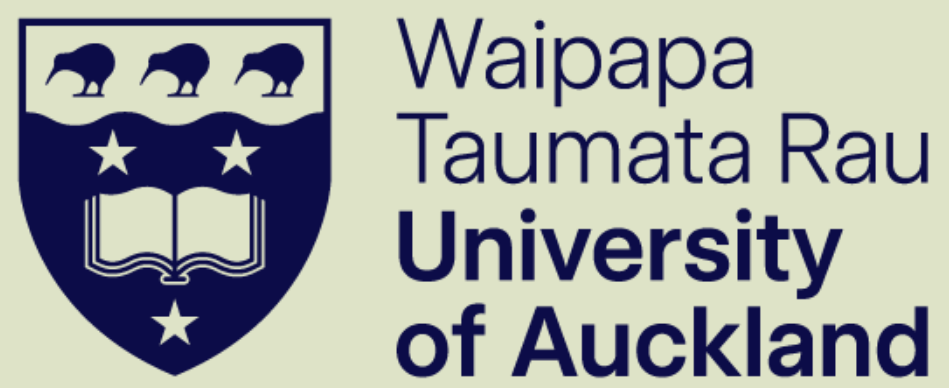


When Wealth Wasn't Health

Typhoid Mortality and Social Status in Late 19th-Century Ireland



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1. BACKGROUND

Socioeconomic status (SES) = Predictor of mortality

Was SES always a fundamental cause of mortality? ? When did the SES gradient first emerge?



2. QUESTIONS

- What patterns of typhoid mortality are observed between 1880 to 1899, and is there evidence of an SES gradient?
- Why do similarities or differences in these patterns exist and persist across Belfast, Dublin and Cork?
- To what degree do health constraints, or the advantages and disadvantages of wealth, shape the mortality patterns observed?

3. MATERIALS & METHODS



Primary Data Source

Civil Death Records, 1880–1899
General Register Office Ireland

Supplementary Qualitative Sources

- Newspapers
- Medical Reports
- Govt. Records
- 1881 & 1891 Irish Census

Quantitative Analysis

A Difference-in-Differences regression framework to assess the effects of SES on typhoid mortality.

ArcGIS to map spatial mortality patterns.

Qualitative Analysis

NVivo content analysis to contextualise quantitative findings through narratives of public health, class, and infrastructure.

4. RESULTS

Trends in Typhoid Mortality by Social Class and City (1880–1899)

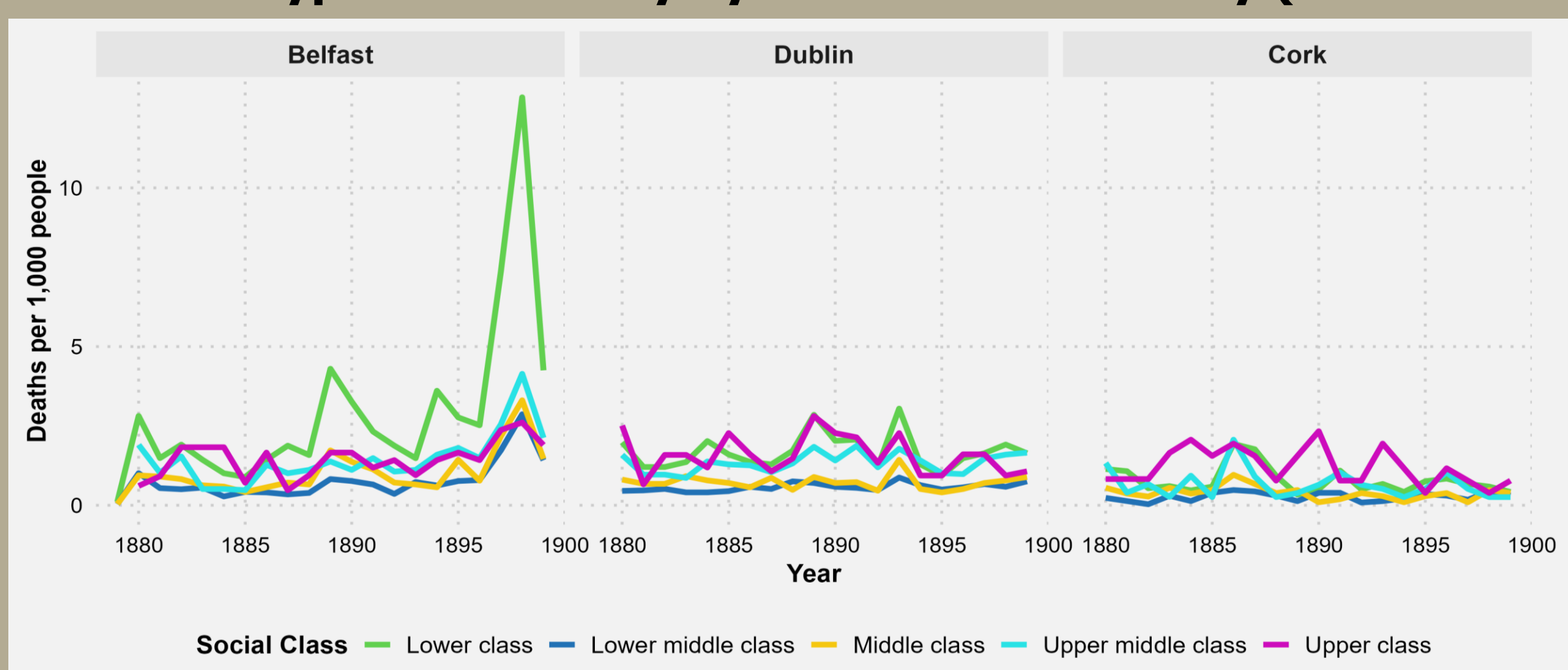


Figure 1. Typhoid mortality fluctuated across cities. No consistent socioeconomic gradient was observed. In Belfast, lower-class groups generally had higher mortality, though occasional spikes also affected upper classes. In Dublin and Cork, class differences were smaller. The lower-middle/middle classes predominantly recorded the lowest rates across all three cities.

Age- and Sex-Specific Typhoid Mortality across Cities (1880–1899)

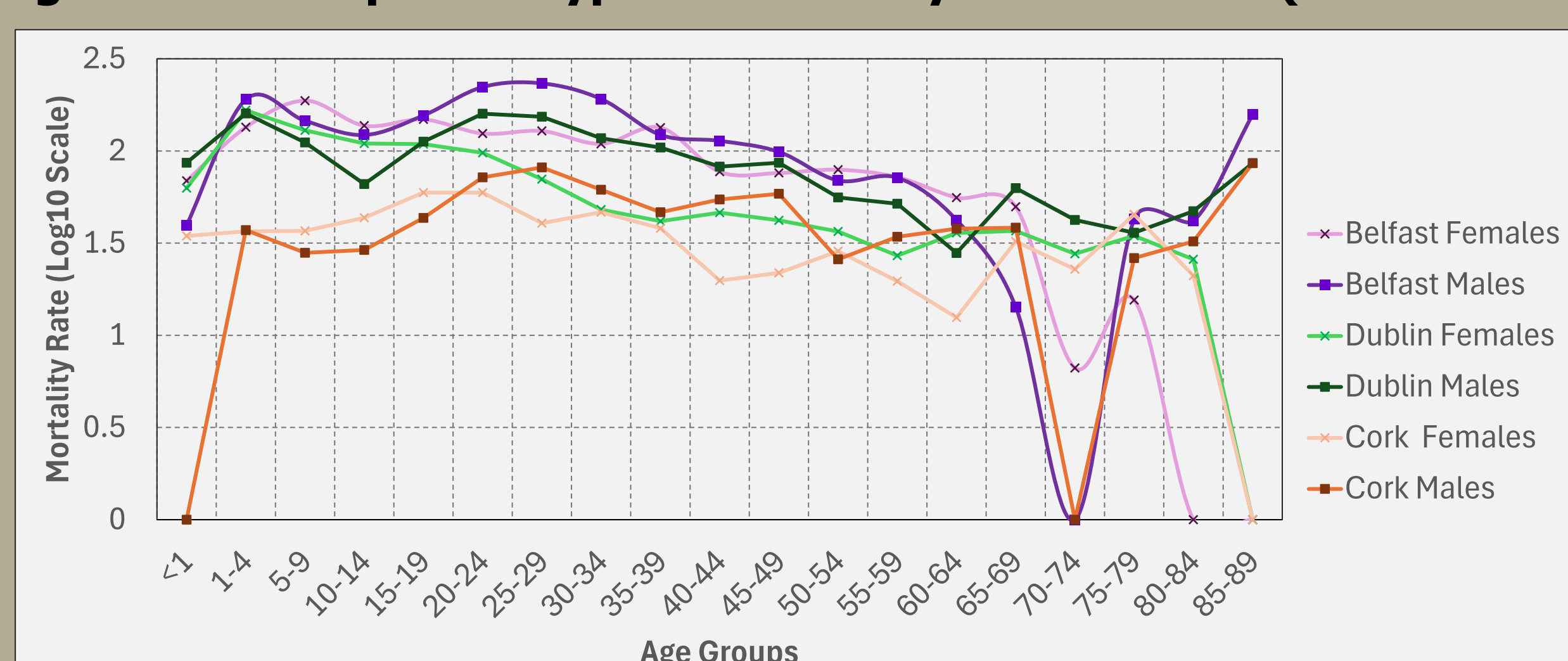


Figure 2. Mortality was highest among young children and young adults, with men slightly more affected than women across most age groups.
Note: No deaths recorded for Cork males <1 & 70-74, Cork females 85-89, Belfast Males 70-74, Belfast females 80-84 and Dublin females 80-84.

Scan to explore typhoid deaths



5. INITIAL CONCLUSIONS

A "goldilocks zone" of disease exposure and SES appears to exist. The middle classes experienced the lowest mortality, balancing exposure and resilience through moderate living conditions and relative stability. In Belfast, distinctive industrialisation and economic growth altered these trends but also intensified outbreaks across classes. Across all three cities, elevated mortality among young men likely reflects gendered social behaviours, particularly public house attendance and possible alcohol adulteration, highlighting the interplay of culture, class, and environment in shaping health outcomes.

References

