Maastricht University

Unequal pathways to the grave?

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Propositions

1. Socioeconomic inequalities in cause-specific mortality in Maastricht emerged during the initial phase of the health transition, which is why they should be treated as a time-dependent phenomenon instead of a static phenomenon.
2. Men were in a disadvantageous position prior to the onset of the health transition in Maastricht, higher male mortality rates only diminished once the transition was well underway.
3. The characterisation of Maastricht as an extremely unhealthy location towards the end of the nineteenth century only upholds for a part of the population; women and young children were not lagging behind the Dutch mortality trends.
4. The reliability of the registration of maternal mortality is of questionable quality, maternal mortality in Maastricht is likely to be partially registered as a different cause of death.
5. The quest for finding a linear social gradient in mortality in historical demography can be unproductive, for existing, more complex socioeconomic inequalities do not fit the linear gradient narrative.
6. Historical demographers should do their utmost to find sufficient data for women, even when this may be an arduous task; because the experience of men cannot represent the experience of the population as a whole.
7. The specialisation in historical sub-disciplines has created the two separate fields of historical demography and the history of medicine, a cooperation between the two fields would create more comprehensive research in the history of mortality and morbidity.
8. The general public values large historical demographical databases primarily for their genealogical opportunities; it is the task of the historian to emphasize the value of these datasets beyond the realm of private and local histories.
9. An n=1 study has observed a clear correlation, and perhaps causation, between studying historical infectious diseases and avoiding the contraction of modern infectious diseases, such as Covid-19.