



HISTORICAL DATA AND METADATA. HOW TO ORGANIZE, STORE AND DESCRIBE DATASETS AND HOW TO WORK WITH HISTORICAL DATA

Jean-Paul Sanderson (Centre de recherche en Démographie UCLouvain)

Introduction

Data source

Data you collect

Published data

Unpublished data

Data collected by third parties



Introduction

Data source

We think about

data

We forgot

metadata



Metadata

Why?

Metadata is what we know about the data collected.

Where does this data come from?

What is its scope?



Principles

Openscience

In an open science context, you need to be able to make the data you collect available to other researchers.

When you publish an article, another researcher should be able to work on your data and arrive at the same result.

The data you have collected must be usable by a third party who is not familiar with your work.

As part of your research



Principles

As part of your research

You need to be able to go back to the source to complete, check...

You are working over a long period of time (a century or more)

- Know the temporality of the source (period covered)

- Know the area covered Quality of your source

- Where it is kept

- The scope and origin of the data collected



Examples: Data on cholera in 1866

Description of content	Clearly describe so that you can understand what it is all about
Authors of the collection	The repository servers (mainly Dataverse) grant a DOI to the databases deposited on them. It is therefore important to clearly identify the authors of the collection.
Source of data collected with full references	Identify the source by its official name and note clearly how to find it (location and full reference).
Comments on the origin of the data	If the data is collected in a particular context, it may be important to point this out. If it is a survey, it will not be as representative as a census.
Description of variables	List the variables in the database with, where appropriate, a codebook explaining the modalities of each variable
Covered years	To what exact period does the source refer?
Spatial dimension	Is the data by commune, by arrondissement or, for Belgium, by province ...?

Examples- Data on cholera in 1866

PROVINCE
de Namur
ARRONDISSEMENT
de Philippeville

ÉTAT NOMINATIF

Personnes qui ont été atteintes de choléra dans la commune
de *Ragnée* depuis le *15 août*
jusqu'au *4 septembre 1866*

[illegible]

Examples: Data on cholera in 1866

Description of content	Nominal roll of cholera victims in 1866 in the provinces of Namur and Luxembourg
Authors of the collection	Data collected by Mélanie Bourguignon, Thierry Eggerickx and Jean-Paul Sanderson (Centre de recherche en Démographie, UCLouvain)
Source of data collected with full references	« Etat nominatif. Personnes qui ont été atteintes du choléra dans la commune dedepuis le 1866 jusqu'au 1866 » « Registre indicatif. Personnes qui ont été atteintes du choléra dans la commune dedepuis le 1866 jusqu'au 1866 » Archives générales de l'Etat. Province de Namur, BE-A0525.108 52 et 53 : Choléra, épidémie de 1866. Etat nominatif des personnes malades et décédées du choléra Archives générales de l'Etat. Province de Luxembourg, Dossiers 303/306 : Etat nominatif des personnes malades et décédées du choléra
Comments on the origin of the data	Data collected in the communes and forwarded to the provincial authorities. The way in which these documents are to be completed is not indicated on the sheets. The origin of this document would be 1854 or 1849, to be verified in Belgian legislative documents and in debates in the Chamber. The original documents contain the following information (note that there are two forms, depending on the commune, one or the other or both)

Examples: Data on cholera in 1866

Description of variables	Municipalities Date (Information sometimes missing) NAME FIRST NAME GENDER AGE CIVIL STATUS PROFESSION SOCIAL POSITION Start date Date of recovery (sometimes only the word recovered appears) Date of death (Sometimes only the word deceased appears) Place AT HOME Place AT THE HOSPITAL Observations	Municipalities Date (information sometimes missing) NAME FIRST NAME GENDER AGE PROFESSION SOCIAL POSITION Neighbourhood or section Street Outcome of illness Location AT HOME Location AT THE HOSPITAL Observations
Covered years	1866	

Examples: Data on cholera in 1866

Space

For both provinces, the following municipalities are concerned

Province de Namur, ANDENNE, ANHEE, ANSEREMME, AUVELAIS, BAILLONVILLE, BALATRE, BARVAUX EN CONROZ, BEEZ, BIESMEREE, BONINNES, BOTHEY, BOUGE, BOUVIGNES, CHAMPION, DAVE, DHUY, EMINES, EPRAVE, ERPENT, FALISOLLE, FLAWINNE, FLOREFFE, FLORENNE, FOSSES, FRAIRE, FRANIERE, FRASNES, FURNAUX, GEMBLoux, GESVES, GRAND MANIL, HAM SUR SAMBRE, HANSINELLE, HANZINNE, HAVELANGE, HEMPTINNE, HOUX, HOUYET, ISNES, JAMBE, JAVINGUE-SEVRY, JEMELLE, JEMEPPE, LANEFFE, LIGNY, LONZEE, LOYERS, LUSTIN, MAIZERET, MARCHE LES DAMES, MARCHOVELETTE, MAZY, METTET, MOIGNELEE, MORIALME, MOUSTIER, MOZET, NAMECHE, NAMUR, NANINNE, ONOZ, PROFONDEVILLE, ROGNEE, ROSEE, RY, SAINT MARTIN, SOMBREFFE, SPY, ST AUBIN, ST SERVAIS, STAVE, TAMINE, TEMPLoux, THON SAMSON, TONGRINE, VEDRIN, VELAINE, VEZIN, VOGNEE, WANLIN, WARISOULX, WEPION, WINENNE

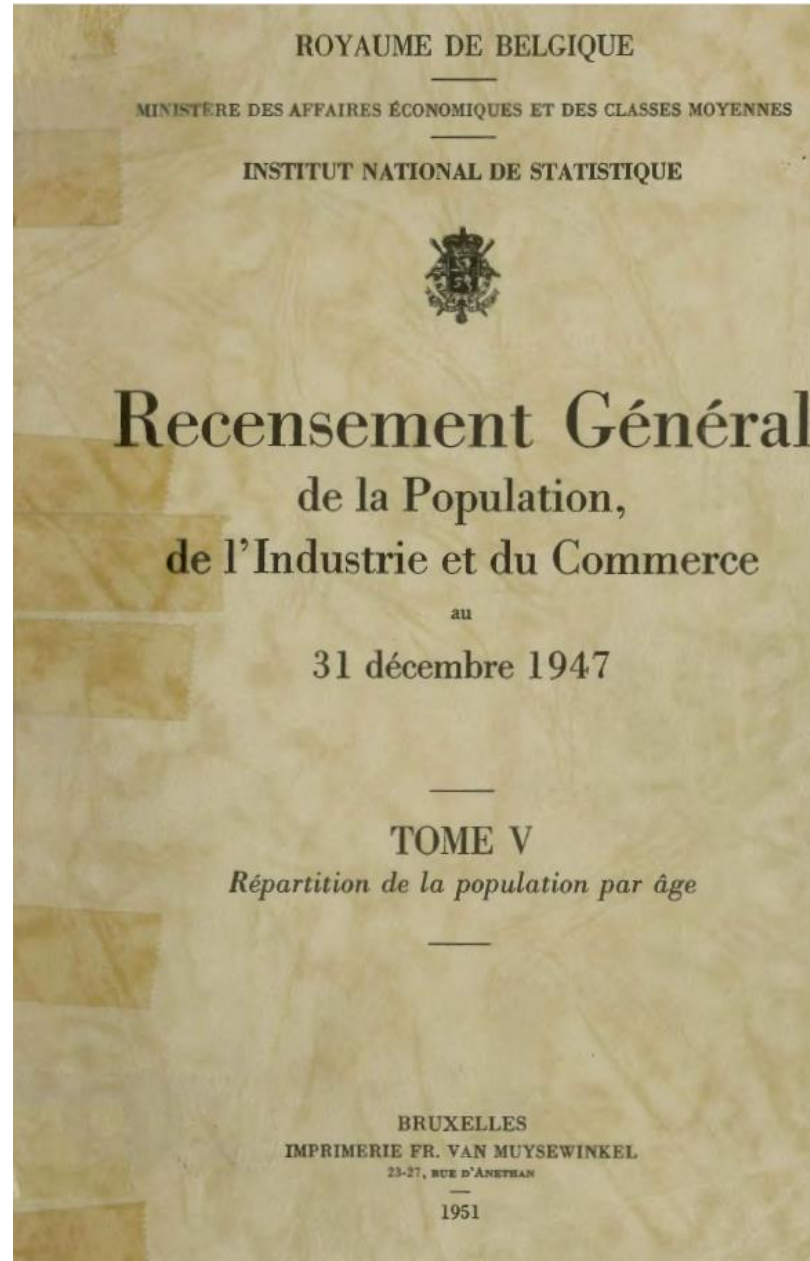
Province du Luxembourg, ARLON, ATTERT, AUBANGE, BASTOGNE, BEAUSAIN, BLEID, BOMAL, BONNERT, BORLON, BOUILLON, ETHE, FLORENVILLE, HABERGY, HACHY, HALENZY, HEYD, HONDELANGE, HOTTON, HOUFFALIZE, LAMORTEAU, LAROCHE, LATOUR, MARCHE, MARCOURS, MEIX DEVANT VIRTON, MESSANCY, MUSSON, MUSSY LA VILLE, ON, RACHECOURT, RENDEUX, ROSSIGNOL, RUETTE, SAMREE, ST-HUBERT, ST-LEGER, ST-MARD, TINTIGNY, TOERNICH, TOHOGNE, VILLERS LALOU, VIRTON, WAHA

Examples: Census age structure data

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Examples: data

e structure



Examples: Census age structure data

Description of content	Five-year age structure of population censuses (1846-1947)
Authors of the collection	Data collected by Thierry Eggerickx, Audrey Plasvic and Jean-Paul Sanderson (Centre de recherche en Démographie, UCLouvain)
Source of data collected with full references	General population census (1846, 1856, 1866, 1880, 1890, 1900, 1910, 1920, 1930, 1947) Available on http://wiki.statbel.fgov.be/wiki/Overview_brochure_year_fr
Comments on the origin of the data	Census data.
Description of variables	In the tables, the data are by age and sex, but the data collected are by five-year age group and sex.
Covered years	1846, 1856, 1866, 1880, 1890, 1900, 1910, 1920, 1930, 1947 (census years)
Spatial dimension	Belgium

Examples: Census age structure

Census	1846	1856	1866	1880	1890	1900	1910	1920	1930	1947
Provinces	X	X	X	X	X	X	X	X	X	X
Villes	X	X					X			
Campagnes	X	X								
Arrondissement				X	X	X	X	X		X
< 5000 hab			X				X			
> 5000 hab			X				X			
Toutes les communes										X
Grandes villes	X	X	X							
Toutes les communes de plus de 10.000 habitants				X	X	X	X	X		
Toutes les communes de plus de 20.000 habitants				X	X	X	X	X		



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Dataverse Category

Department (1)

Publication Year

2023 (2)

2021 (8)

2020 (40)

1 to 10 of 50 Results

Sort

Enquête sur l'hésitation vaccinale



1 févr. 2023

Henrion, Dominique; Desseilles, Martin; Givron, Hélène; Absil, Simon; Burnay, Nathalie, 2023, "Enquête sur l'hésitation vaccinale", <https://doi.org/10.34934/DVN/1RGBDR>, Social Sciences and Digital Humanities Archive – SODHA, V1, UNF:6:LjG12s5O3SE1OiXMNAMIw== [fileUNF]

Dans le cadre du suivi de l'épidémie, un questionnaire relatif à la vaccination est élaboré par une équipe pluridisciplinaire. Ce questionnaire est administré sur le territoire de la ville de Namur, en Belgique, entre le 12 avril 2021 et le 31 mai 2022. L'objectif de cette enquêt...

Depositor: Sanderson, Jean-Paul

Enauête sur l'hésitation vaccinale

Enquête sur l'hésitation vaccinale

Version 1.0



Henrion, Dominique; Desseilles, Martin; Givron, Hélène; Absil, Simon; Burnay, Nathalie, 2023, "Enquête sur l'hésitation vaccinale", <https://doi.org/10.34934/DVN/1RGBDR>, Social Sciences and Digital Humanities Archive – SODHA, V1, UNF:6:LjG12s5O3SE1OiXMNAMITw== [fileUNF]

Cite Dataset ▾

[Learn about Data Citation Standards.](#)

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Dataset Metrics ?

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Description ?

Dans le cadre du suivi de l'épidémie, un questionnaire relatif à la vaccination est élaboré par une équipe pluridisciplinaire. Ce questionnaire est administré sur le territoire de la ville de Namur, en Belgique, entre le 12 avril 2021 et le 31 mai 2022. L'objectif de cette enquête est de percevoir les attitudes et motivations de la population face à la vaccination contre la COVID-19. (2023-02-01)

Subject ?

Medicine, Health and Life Sciences; Social Sciences

Keyword ?

Vaccination, Santé, Attitudes

License/Data Use Agreement

[Custom Dataset Terms](#)

Files

Metadata

Terms

Versions

Author ?

Henrion, Dominique (Université de Namur) - ORCID: [0000-0003-3491-0451](https://orcid.org/0000-0003-3491-0451)
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Burnay, Nathalie (Université de Namur) - ORCID: [0000-0003-1819-3405](https://orcid.org/0000-0003-1819-3405)

Point of Contact ?

Use email button above to contact.

Henrion, Dominique (Université de Namur)

Description ?

Dans le cadre du suivi de l'épidémie, un questionnaire relatif à la vaccination est élaboré par une équipe pluridisciplinaire. Ce questionnaire est administré sur le territoire de la ville de Namur, en Belgique, entre le 12 avril 2021 et le 31 mai 2022. L'objectif de cette enquête est de percevoir les attitudes et motivations de la population face à la vaccination contre la COVID-19. (2023-02-01)

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Keyword ?

Vaccination
Santé
Attitudes

Topic Classification ?

Medication and treatment (CESSDA Topic Classification) <https://vocabularies.cessda.eu/vocabulary/TopicClassification>
Public health (CESSDA Topic Classification) <https://vocabularies.cessda.eu/vocabulary/TopicClassification>
Specific diseases, disorders and medical conditions (CESSDA Topic Classification)
<https://vocabularies.cessda.eu/vocabulary/TopicClassification>
Social behaviour and attitudes (CESSDA Topic Classification) <https://vocabularies.cessda.eu/vocabulary/TopicClassification>

Language ?

French

Depositor ?

Sanderson, Jean-Paul

Deposit Date ?

2023-02-01

Date of Collection ?

Start: 2021-04-12 ; End: 2022-05-31

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☐ 1 to 2 of 2 Files	
☐	 CODE BOOK Enquête Vaccination.docx MS Word - 60.5 KB Published 1 févr. 2023 0 Downloads MD5: 75c...9c6 
☐	 Enquête hésitation vaccinale.tab Tabular Data - 10.0 MB Published 1 févr. 2023 0 Downloads 113 Variables, 10797 Observations UNF:6:LjG1...ITw== 

CODEBOOK AND DOCUMENTATION

In 2023, I received this file from STATBEL among other files.

No explanation, no codebook, nothing.

This file contains the causes of death for the years 1998 to 2012.

 `be_cod_causineq1998_2012.dta`

CODEBOOK AND DOCUMENTATION

ID_COD_C	Chaîne	144	0	
ID_DEMO_C	Chaîne	144	0	
CD_PLC_DTH	Numérique	1	0	CD_PLC_DTH
CD_SEX	Numérique			_SEX
CD_DTH_TYPE	Numérique			_DTH_TYPE
CD_COD_EXT	Chaîne			_COD_EXT
CD_COD_IMDT	Chaîne			_COD_IMDT
CD_COD_INT1	Chaîne			_COD_INT1
CD_COD_INT2	Chaîne			_COD_INT2
CD_UCOD	Chaîne			_UCOD
CD_COD_ASS1	Chaîne			_COD_ASS1
CD_COD_ASS2	Chaîne			_COD_ASS2
CD_COD_ASS3	Chaîne			_COD_ASS3
CD_REFNIS_DTH	Numérique			_REFNIS_DTH
CD_REFNIS_USL_RES	Numérique			_REFNIS_USL_RES
CD_EDUC_LVL	Numérique	2	0	CD_EDUC_LVL
CD_PROF_SIT	Numérique	1	0	CD_PRFS_STN
CD_SOC_STS	Numérique	1	0	CD_SOC_STS
CD_NATLTY	Numérique	3	0	CD_NATLTY
CD_CIV_STS	Numérique	1	0	CD_CIV_STS
DT_LST_WDCC	Date	14	0	DT_LST_WDCC

No codebook and no variable labels.

For some variables this seems obvious:

CD_SEX = Sex

CD_REFNIS = INS code of the municipality

CD_EDUC_LVL = Level of education

For others not :

CD_COD_EXT = Cause of death: external cause

CD_COD_IMDT = Cause of death: immediate cause

2.dta

CODEBOOK AND DOCUMENTATION

ID_DEMO_C	CD_PLC_DTH	CD_SEX	CD_DTH_TYPE	CD_COD_EXT	CD_COD_IMDT
6CFFD467AF45B019	3	2	1		E8600
D997DE7187316324	3	2	1		
9FB19DB0C3582B94	3	2	1		I469
6ADA003400DF5357	2	2	1		
DCEC9608A2FC9B88	1	1	1		R092
87C76B9CC483660C	1	1	1		K920
92209AA0A9E91EE4	1	1	4	X7009	
D72213C660BB8185	2	2	1		
D1BC9FAC5958F33E	3	2	1		
1F72F33E319124D1	2	1	1		R092
4DBA98F48CCD4729	2	1	1		A4190
085FC72E06380D48					R092
BD570EC0052A19BE					I4990
83C5D825521EB513					I4610
69EBF6E6CD80DBE2					C7930
5EF01B42D788C4DB					A4190

No codebook and no variable labels.
 CD_SEX = 1 Male 2 Female
 CD_DTH_TYPE = 4 violent death
 CD_COD_EXT = X7009 (ICD-10)
 CD_COD_IMDT = R092 (ICD-10)

CODEBOOK AND DOCUMENTATION

ID_DEMO_C	CD_PLC_DTH	CD_SEX	CD_DTH_TYPE	CD_COD_EXT	CD_COD_IMDT
6CFFD467AF45B019	3	2	1		E8600
D997DE7187316324	3	2	1		
9FB19DB0C3582B94	3	2	1		I469
6ADA003400DF5357	2	2	1		
DCEC9608A2FC9B88	1	1	1		R092
87C76B9CC483660C	1	1			K920
92209AA0A9E91EE4	1	1	4	X7009	
D72213C660BB8185	2	2			
D1BC9FAC5958F33E	3		1		
1F72F33E319124D1	2		1		R092
4DBA98F48CCD4729	2		1		A4190
085FC72E06380D48					R092
BD570EC0052A19BE					I4990
83C5D825521EB513					I4610
69EBF6E6CD80DBE2					C7930
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CODEBOOK AND DOCUMENTATION

You must document your data.

 `be_cod_causineq1998_2012.dta`

Variable names in plain text with detailed labels.

Code for modalities with detailed labels for each modality.

DOCUMENTING DATA PROCESSING AND COLLECTION

Specify the time/period covered;

If you are collecting a sample, you must document and explain:

Time step (one variable every 5 years), explain why

Area (limit the area to a province or limit it to a sample of municipalities: explain)

Several sources: for each item of data, I need to know what the source is, as this may affect its quality.

DOCUMENTING DATA PROCESSING AND COLLECTION

If I do any grouping, I must explain the basis on which it is done. If necessary, I write a page where I explain how I grouped the data, how and why.

This must be in the file with the database or in the codebook.

	1869		1919
Maladies respiratoires	5	Maladies respiratoires	59
	9%		23%
TUE	1	PULMONAIRE	1
ASTHME/LANGUEUR	1	ACCIDENT	1
BRULURES	1	AFFECTION BRONCHOPULMONAIRE	2
CONVULSIONS	10	AFFECTION CARDIAQUE	51
CROUPs (affection respiratoire)	3	AFFECTION CARDIAQUE SENILE	2
ECRASE	3	AFFECTION CARDIO-PULMONAIRE	2
FIEVRE CEREBRALE	1	AFFECTION CARDIO-PULMONAIRE SENILE	1
HYDROPISE	2	AFFECTION CEREBRALE	3
LANGUEUR	6	AFFECTION CURINOMUTUME	1
PHTISIE	1	AFFECTION DU FOIE	2
VIEILLESSE	9	AFFECTION GASTRO-INTESTINALE	1
(vide)	18	AFFECTION GRIPPALE	2
Total général	56	BRONCHITE	2
		BRONCHOPNEUMONIE	7
		BRONCHOPNEUMONIE GRIPPALE	1
		CONGESTION PULMONAIRE	1
		CONGESTION PULMONAIRE SUITE DE GRIPPE	2
		CROUPS	1
		GRIPPE	3
		GRIPPE AVEC BRONCHITE	1
		GRIPPE INFECTIEUSE	1
		LARYNGITE DIPHTHERITIQUE	1
		MENINGITE TUBERCULEUSE	1

DOCUMENTING DATA PROCESSING AND COLLECTION

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In 1869, the causes were less detailed, so I grouped Croups, Phthisis and Asthma under respiratory diseases (although in the case mentioned, the cause of death was Asthme/Langueur).

In 1919, the causes are more detailed, and I have grouped the causes described as pulmonary with influenza and bronchitis.

I have added cardiopulmonary affections, knowing that these people could also could also appear in cardiovascular cardiovascular disease (there is no way of identifying the main cause). I have not not included certain forms of tuberculosis because they are not pulmonary.

	GRIPPE	3
	GRIPPE AVEC BRONCHITE	1
	GRIPPE INFECTIEUSE	1
	LARYNGITE DIPHTERITIQUE	1
	MENINGITE TUBERCULEUSE	1

Time series: database structure

Practical recommendations on how to organize data

- Crucial for the data management within the project.

Make a distinction between the original data and manipulations of this data.

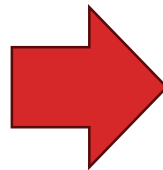
- Keep the original data and provide it with the necessary documentation (see next slide)

Strive for a clear structure of the table

- Rows are reserved for the same type of variables, as are columns!
- Avoid redundancy, do not combine different types of variables.

Inefficient source structure

YEAR	CAUSE OF DEATH	# deaths per disease
1903	Cancer et autres tumeurs malignes	4084
	Vieillesse / débilité sénile	9207
	Décès par maladies inconnus ou mal définies	7910
1904	Cancer et autres tumeurs malignes	3969
	Vieillesse / débilité sénile	10670
	Décès par maladies inconnus ou mal définies	7133
1905	Cancer et autres tumeurs malignes	4203
	Vieillesse (débilité sénile)	9910



Sound database structure

CAUSE OF DEATH	DEATHS	DEATHS	DEATHS
	1903	1904	1905
Cancer et autres tumeurs malignes	4084	3969	4203
Vieillesse / débilité sénile	9207	10670	9910
Décès par maladies inconnus ou mal définies	7910	7133	6433

Time series: database structure

- Basic principle: variables, including years, are placed in columns; the rows (records) are reserved for observation units if present (e.g. municipalities).
- In the case of original data: add a unique code to the variables if absent.
- Describe each variable in a metadata file (codebook)
 - Identify each variable using the unique key.
 - For each variable, give the date/year, a short description and the data format.
 - Add the source from which the data originate (Mouvement, census, Statbel, etc.) !
 - Name the source per variable separately ! Not a general description for the whole database

Code Variab.	Date	Description	Format	Code	Source
1971_KEY	1971 (31 dec.)	Code de la commune dans laquelle se trouve le noyau	Text string	LKS_9999 = unknown	
1971_NAM	1971 (31 dec.)	Nom de la commune dans laquelle se trouve le noyau	Text string		
1889M013	1889 (31 dec.)	Population: sexe masculin	Numeric		Mouvement
1889M014	1889 (31 dec.)	Population: sexe féminin	Numeric		Mouvement
1889M015	1889 (31 dec.)	Population: total	Numeric		Mouvement
1890M013	1890 (31 dec.)	Population: sexe masculin	Numeric		Population census

PRENDRE LE TEMPS DE LA CRITIQUE DES DONNEES

TAKING THE TIME TO REVIEW DATA

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PRENDRE LE TEMPS DE LA CRITIQUE DES DONNEES

TAKING THE TIME TO REVIEW DATA

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Before using these data, it is necessary to appreciate their scope and limitations.

Bernier J., 1992, Les causes de décès au Québec au XIXe siècle : le problème des sources, CBMH/BCHM (Canadian Bulletin of Medical History), Volume 9, p. 241-53

raisons. D'abord, parce que bien des gens décédaient (notamment les enfants et les personnes âgées) sans avoir été visités par le médecin, si ce n'est à l'article de la mort. Ensuite, parce que, à cette époque, on ne faisait pas d'autopsie au décès (sauf lorsqu'il y avait enquête du coroner). Enfin, il faut se rappeler que la médecine disposait alors de très peu de moyens. L'interrogation, la palpation, l'inspection, la percussion et l'auscultation restaient toujours les principaux moyens d'investigation, même si le thermomètre, les speculums et le microscope devinrent, il est vrai, davantage utilisés dans la seconde partie du XIX^e siècle. Pour ces raisons, on peut se demander ce que valent, par exemple, certaines distinctions faites alors par les médecins entre la consommation, l'asthme, le croup, l'emphysème, la pneumonie, le catarrhe, la pleurésie; d'autant plus que même des gens aussi expérimentés que Laënnec avaient eux-mêmes du mal à les reconnaître.³⁹

2
51
2
2
1
3
1
2
1
2
2
7
1
1
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1
3
1
1
1
1
1



PRENDRE LE TEMPS DE LA CRITIQUE DES DONNEES

TAKING THE TIME TO REVIEW DATA

	1869		1919
Maladies respiratoires	5	Maladies respiratoires	59
	9%		23%
TUE	1	PULMONAIRE	1
ASTHME/LANGUEUR	1	ACCIDENT	1

Before using this data, you need to appreciate its scope and limitations.

If the data is too bad, is it absolutely necessary to use it? Report it, of course, but don't draw any conclusions from it.

	GRIPPE	
	GRIPPE AVEC BRONCHITE	
	GRIPPE INFECTIEUSE	
	LARYNGITE DIPHTERITIQUE	
	MENINGITE TUBERCULEUSE	