

History of the health notebook in France: A stake for mothers, doctors and state

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SUMMARY

1.—Introduction. 2.—An idea of Fonsagrives to trace a family medical genealogy. 3.—Medical booklets, notebooks and files: expansion of initiatives. 4.—What did the mothers make with these booklets? 5.—The involvement of public health.

ABSTRACT

The Health Notebook is a booklet distributed in France to mothers to take notes about the growth and the health accidents of their child. Those physicians who first took this initiative thought that mothers would be the best link between themselves and the health babies. The most ancient example discussed here came from a Montpellier medical doctor (1869). Many other initiatives followed until the Second World War. At the beginning of the 20th century, public health authorities became interested in this booklet, as an instrument of control of the population health. The idea to make this health notebook compulsory was implemented in 1945. Since 1970 it includes three health certificates signed by a physician. Therefore, the health notebook has become a stake for families, doctors and State.

Palabras clave: Cartilla sanitaria, Francia, salud infantil, salud pública, certificados sanitarios, educación maternal.

Keywords: Health Notebook, France, child health, public health, health certificates, vaccinations, education of mothers.

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1. INTRODUCTION

The current practice in France is to provide each new-born with a health notebook in a plastic white cover to be kept by the family. Possession of a notebook is obligatory and since 1970 has also contained three health certificates, completed by the doctor responsible for the child's care and sent to the Department of Mother and Infant Welfare (*Protection maternelle et infantile* [PMI]).

Physicians, family and State (Health Ministry) all play a role in the health notebook.

What was the origin of this idea? How did the concept of a mandatory notebook arise in certain countries, such as France? What does the health notebook ultimately represent? Is it a medical instrument of control over the whole population (certificates, vaccinations); or a tool at the service of the physician, for the preventive treatment and follow-up of children and adults? Is it a means for the family to store information on the health of each individual, a medium that remains the property of the family, or a source of emotional memories for future contemplation?

This little-studied but finally rather complex matter is the subject of this paper. In France, the notebook's origin dates back to the middle of the 19th century. For a long time it was a private initiative, until the authorities took an interest in the idea at the very beginning of the 20th century: We present a history of what occurred around the health notebook between the mothers, the physicians and the State. We report on a sample of notebooks found in public libraries and private archives, as well as on oral sources. An international comparative study is in progress to evaluate the originality of the French contribution in this field (1).

For evident reasons, I am unable to thank by name all those who so kindly lent health notebooks in their possession. They will recognise

(1) ROLLET, Catherine. Le carnet de santé dans le monde: panorama contemporain, Paper presented at the Conference of the AIDELF in Dakar, december 2002.

the passages that touch on them or their family. This research could not have been completed without their assistance.

2. AN IDEA OF FONSSAGRIVES TO TRACE A FAMILY MEDICAL GENEALOGY

Our research on the origin of the health notebook in France led us to Doctor Jean-Baptiste Fonssagrives (1823-1884), a Montpellier doctor who was initially interested in naval medicine and was undoubtedly highly influenced by the ideas of Florence Nightingale. He recommended, as an aid to the doctor, that mothers attentively observed the health of their children. He presented his ideas in 1868 in a publication entitled *The role of the mothers in the diseases of the children or what they must know to assist the doctor* (2). Chapter Nine is devoted to maternal observation: «observe their sick children well, to give account to the doctor of all that occurred in the interval between the two visits». These observations must be continuously maintained from as early as the first days of life. Memory does not suffice; it is necessary to write, as in the writing down of accounts. The doctor provides the designations; the mothers have only to carefully note the observations in a booklet. The mothers need a method and guidelines.

«Here, writes the doctor, is that which I would propose readily:

1° Date of birth;

2° Mode of breast feeding and particular circumstances associated with it;

3° Diseases of breast feeding with their dates, their duration, the indication of their severity, the means that were successfully employed;

4° The first teeth. —Time of the appearance of the incisors, the canines, the molars; tooth disorders (various convulsions, diarrhoea, eruptions, ophthalmias); —time of eruption of tooth 20;

(2) FONSSAGRIVES, J.B. *Le rôle des mères dans les maladies des enfants, ou ce qu'elles doivent savoir pour seconder le médecin*, Paris, Hachette, Victor Masson, 1868, 332 pp.

5° Time of weaning. —Facilitated with what it was achieved, or events that complicated it (diarrhoea, slimming); —At what time it did become possible? Was it advanced, delayed, halted?

7° Vaccination. —At what age, under what conditions? Was the progress of the vaccination spots normal?

8° On the intermediate or erupted teeth of the first four large molars —Incidents that accompanied them;

9° On teeth of renewal or at seven years old. Characteristics that they offered;

10° On eruptive fevers (measles, scarlet fever, smallpox, chicken pox, etc.)

11° On the growth. —Three measurements in three months, and noting the way in which it was done. Early, delayed or irregular growth. Accidents of growth;

12° Accidental diseases, common indispositions, etc.

One can vary this guide (...).

I could not over-advise mothers to accurately maintain this chronicle; it is the only means of outwardly establishing and preserving these traditions of health, without which medicine is performed somewhat by chance (...) I assume that these notes are well maintained and that a disease provides the occasion to use them. They will inform the doctor about the latest incidents of which they were not informed, or which they had forgotten. But the mother will have achieved only half of her task, if she cannot observe herself her child in the course of a disease and thus supplement the observation of the doctor who looks after him (...)

[the mother becomes an apparatus that records the pulse, rhythm of breathing, cough, voice, temperature, sleep, posture, appearance, strength, vomiting, evacuations, urine, spittle, bleedings...]» (pp. 100-101).

Fonssagrives considered that «there are two maternities that are complementary, the maternity of blood, and the maternity of care. Tenderness is the pivot of the first, intelligence that of the second» (p. V). Thus, the expert from Montpellier proposed a complete programme of observation of infants by mothers.

The following year, in 1869, Fonssagrives specified his ideas in *The Maternal Booklet to take notes on the health of the children*, published in

two volumes, one for boys, the other for girls (3). He developed the idea presented in 1868 to produce true «Annals of the health of the children» (p. X). The introductory foreword states «the mother notes, the doctor interprets», a positioning that is clarified by the doctor in the first pages of the Booklet.

«The booklet offers to the mothers, within a restricted framework and with drawn up divisions, all that will fix their ideas and will help their memory, a guide which, perhaps, will give them a taste of these details that are so useful, and will make some of the mothers grasp their importance» (p. VII).

The longitudinal perspective of the follow-up of the child's health was clearly underlined: by doing this, the mothers would thus form a family «memory» that was essential to the survival of their offspring. This medical biography was based on the assumption that the mothers had learned reading and writing and were methodical and endowed with a certain intelligence (p. V), so that they could maintain the chronicle accurately and with regularity. It also supposed that they were familiarised with the idea of recourse to doctors and collaboration with them. Therefore, Doctor Fonssagrives did not apply his theories to all mothers but only to the elite, those with the intellectual and financial means to consult physicians and buy the booklet.

Of his *Booklet*, Fonssagrives hoped for «increase among the families in the feeling of the real value of health and the care it requires» (p. VII). It would also bear irrefutable testimony to the devotion of the mother to her child, from which «the family spirit» would arise strengthened (p. X). Fonssagrives even imagined a more general utilisation of the data available in numerous booklets from the same family: «What invaluable lights will not shine out, indeed, from the medical history of three or four generations in the same family, when we have under our eyes accurate data collected according to a uniform plan!» (p. VIII). The theory of the hereditary transmission of diseases

(3) FONSSAGRIVES, J.B. *Livret maternel pour prendre des notes sur la santé des enfants*, 2 vols., Paris, L. Hachette and Victor Masson, 1869.

was still dominant, at a time when Pasteur was beginning to clarify the role of microbial agents.

To facilitate the work of the mothers (he exclusively addresses the mothers), the doctor endeavoured to simplify the notes as much as possible. He turned to a system of tables and easily completed boxes, accompanied by empty pages for freely written notations. The items covered are similar to those in the 1868 booklet as Dr Fonssagrives explained in a Dictionary published in 1876: «general information, heredity, birth, breast feeding, weaning, vaccinations and revaccination, teeth, weight, growth, walking and posture, indispositions, eruptions, various diseases of childhood, sight and hearing, physiological and medicinal practices, hygienic practices, physical susceptibility and resemblance, exercises and strength, school life, accidents and operations. The booklet for girls has two special tables for the characteristics and the dates of the monthly periods» (4). The girls' booklet contains 6 pages on puberty whereas the boys' version has two pages on «physical exercises and strength» and two pages on «work of the spirit». These represent the only differences between the two booklets, but they are highly significant. «The exercises» that captured the attention of the doctor are horsemanship, fencing, swimming and manual arts, with the first two having good social connotations. «The work of spirit» is concerned with school life and intellectual capabilities. Women are entirely defined by their body in the booklet, whereas men must balance physical and intellectual forces. At that time, primary education was not universal for girls in France, and female secondary education was at an embryonic stage.

Fonssagrives was aware that the main objection that could be raised against his booklet concerned the confidentiality issue. He countered this potential criticism by stating «that one is always free to register information or to entrust it only to memory» (p. IX), an attitude that has persisted through the decades to this day.

At the time that Fonssagrives published his Booklets, the idea of a health record for fostered children was being discussed with the Academy

(4) FONSSAGRIVES, J.B. *Dictionnaire de la santé ou répertoire de l'hygiène pratique à l'usage des familles et des écoles*, Paris, Delagrave, 1876, p. 493.

of Medicine. The issue was whether an obligatory *Carnet de nourrice* (Booklet for Wet-nurses) should be imposed. Doctor Blot, spokesman for the Commission on Infant Mortality, suggested that the booklet would only be proposed to nurses to give them «a simple means to make the giving of their care and milk easier and more profitable». One did not have «impinge on their personal freedom» (5). A few months later, Dr. Fauvel protested against this innovation, which he described as a grave measure and contrary to current ways, also comparing it with the highly discredited *Livret Ouvrier* (Work Booklet) (6). The Work Booklet, which had to be taken to a police station at each change of employer, had been instituted in 1803; it was reactivated in 1854 but gradually fell into disuse. It was, however, definitively removed only in 1890 (7).

The wet-nurse booklet was proposed by the Academy in November 1869 (8). After the conflict between France and Prussia and the passing of a law to protect fostered children (Roussel Law, 1874), the notebook for nurses was established on June 15 1877 (9). It was «for both the local and central administration, a method of control; for the families, a quite obvious proof that the children are supervised; and also for the nurses, a certainty that their manner of looking after the children cannot be mistaken» (10). However, inspector-physicians observed that the notebooks were far from being always delivered, making it impossible for doctors to note their observations in it during their visits.

Abandoned children were equipped with a booklet, the family notebook appeared (1877), and children put to work at a very young age had a booklet (law of May 19 1874). Thus, the number of notebooks or booklets multiplied, in response to the needs of a State that was

(5) *Bulletin de l'Académie de médecine*, 27 avril 1869, p. 261.

(6) *Bulletin de l'Académie de médecine*, 12 octobre 1869, p. 954.

(7) GESLIN, Claude. *Le syndicalisme ouvrier en Bretagne jusqu'à la Première Guerre Mondiale*, Espace-Ecrits, 1985, vol. 1, p. 43-45.

(8) *Bulletin de l'Académie de médecine*, 20 novembre 1869, pp. 1130-1134.

(9) *Carnet de la nourrice, seveuse ou gardeuse*, Modèle n° 4, Instruction of June 15, 1877, Valence, Chenevier, 32 pp.

(10) *Journal Officiel*, Report, February 2, 1885, p. 42.

more complex than formerly and in which writing replaced the oral network of social controls (11). The health notebook of Fonsagrives was, therefore, located in a context of legally required written reports on life actions. His personal initiative was addressed to families, who were free to buy his booklet or not. In 1876, Fonsagrives deplored the fact that «only twelve hundred families in France have thought necessary to buy this booklet and understood its purpose and utility». However, he affirmed, «if the idea is right, someone will take it up again, and it will bear better fruit in the hands of another». He announced that the idea had crossed the Atlantic: «an American, Mr. W. Garrison, has just spontaneously made a translation of it in New York, and has launched it to this American public that is so in love with practical things and so enthusiastic about questions of pedagogy» (12). Indeed, a translation was published in New York in 1872 (13). Interestingly, the differentiation in the French version between males and females did not fit the situation in the United States, where both boys and girls attended school. Other translations also appeared, notably one made in the Netherlands by Coronel, the most famous hygienist of the time (14).

The idea of a health notebook for each child was, therefore, launched in France before the conflict with Prussia. It arose from an idea of co-operation between physician and family as essential, in the context of a high infant mortality and the declared wishes of physicians to play a role in the private and public sphere. However, the idea already existed of this mode of control by public authorities in order to apply legislation, in the form of the notebooks for fostered or working children.

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- (11) ROLLET, Catherine. *La politique à l'égard de la petite enfance sous la Troisième République*, Paris, PUF/INED, 1990, p. 264.
- (12) FONSSAGRIVES, note 4.
- (13) FONSSAGRIVES, J.B. *The Mother's Register. Current notes of the health of children (boys) and (girls)*, New York, The Nation Press, John Ross and Company, 1872.
- (14) *Dagboek voor moeders tot het houden van aantekeningen betreffende de gezondheid der kinderen*/vrij bew. naar J.B. Fonsagrives door S. Sr.CORONEL.-Schiedam: Van Dijk, [ca.1875]. -2 dl; 8 [I.] Mannelijk geslacht. [II.] Vrouwelijk geslacht. - Vert. van: *Livre maternel pour prendre des notes sur la santé des enfants* (1869). I am grateful to Matthew Ramsey and Frans Van Poppel for their research on this aspect.

3. *MEDICAL BOOKLETS, NOTEBOOKS AND FILES: EXPANSION OF INITIATIVES*

The initiative of Fonssagrives did not long remain isolated and several proposals were launched in the 1880s. The longest-lasting of these was developed by a civil engineer in Paris, J. Lescasse, who paid for the publication in 1887 of a *Baby notebook dedicated to the mothers* accompanied by a graph for recording the growth and state of health of the child (15). The foreword noted that «Men are worth raising with as much care as Animals». The notebook was sold for 1 franc and the graph could be bought separately for 45 cents. The author showed parents how to draw the graph of the child's growth, i.e. the weight curve. The pages of the notebook were for the daily and weekly notation of dates, observations, weight, height, and various other notes. The main focus of the notebook was on the weight curve and on weight and height records up to week 63. The notebook had no advertisements but contained some very brief and partial recommendations. No information was given on breastfeeding, although there were very detailed explanations about the weighing of the children.

The Lescasse notebook was published in different editions until the 1930s. The second edition, produced in the 1890s, was still dedicated to the mothers. The advice section was extended and the age covered was increased to 12 years. The weight graph contained a red line that represented the evolution of the average weight of a large sample of children, and the references were revised and updated: the author hoped «to fulfil the hopes of the lamented Professor Fonssagrives, who wanted the physical education of children to be led by the balance and the meter!». For this new edition, J. Lescasse collaborated with a pharmacist, R. Tardif. It contained publicity, including advertisements for Delabarre tooth syrup, constipation and diarrhoea pills, baby scales and child insurance. The second edition had the same format as the first (11.5 x 18 cm) and was 53 pages long, with a graph inserted in a small pocket at the front of the notebook.

(15) LESCASSE, J. *Le carnet de bébé dédié aux mères de famille*, Paris, 1887.

The fifth edition of the *Baby notebook* (1911) differed little from preceding ones, although there were more pages (64 pages). The ninth edition, published after the First World War, had a drawing on the cover of a naked child sitting on a cushion and playing with a rattle and enjoyed the approval of the *Société Française d'hygiène* (French Society of Hygiene). The eleventh edition was produced during the 1920s by the *Office Parisien de Puériculture* (Parisian Office of Child Welfare) and had been thoroughly updated by Dr Armand-Delille and Dr Lestocquoy. There were a considerable amount of advertisements for products such as sterilization equipment (Soxhlet), baby bottles, corn flour cereals (Salvy), Foucher chocolate, Deschiens syrups against anaemia, Doctor Zabon's healing balsam, Woodward's digestive water, etc. Pages of recommendations on breast feeding and infant hygiene alternated with small advertisements and week-by-week follow-up pages, used for noting dates, observations, weight and height until the 27th week. There is a space for the baby's photograph, evidence that this notebook was not only «an invaluable document for the doctor (for this reason, you will keep this notebook constantly up to date)» but also constituted «a charming memory». Later, the written pages were referred to as «sweet reminiscences». It was, wrote the authors, «a simple and concrete work».

This baby notebook gained a fairly wide distribution, at least according to the number of shops selling it in France (several bookshops and department stores in Paris, Douai, Lyons, Toulouse, Marseilles, Nice) and abroad, especially in Switzerland (Geneva and Lausanne).

The twelfth edition of the notebook was sponsored by Dr Armand-Delille and Dr Lestocquoy, and supported by *Natalité Française*, in the 1930s. Advertisements (for baby bottles, flours, clothing, baptism, nappies, pacifiers, etc.) continued to occupy a significant place, alternating with advice pages and pages for medical observations up to the age of 12 years.

Besides this baby booklet, there were other initiatives in this area, especially within the framework of the *Consultations de nourrissons* (Well Baby Clinics) and the infant welfare organisation *Gouttes de lait* (Milk Depots). *The individual Booklet* written by Doctor Dufour and produced

by the *Gouttes de lait* is a typical example (16). The booklet contained only eight pages. On the first few pages, the characteristics of the child and the parents were noted, including the «social class» of the parents (for establishing the milk tariff), results of the first examination (morphology, teeth, etc.), and information on the parents' health. This was followed by a large table for noting the weekly weight and food intake, a graph for recording weight, and pages for consultations and general observations. The booklet was for use by the doctor and was kept at the *Goutte de lait*.

At the turn of the century, numerous initiatives were launched.

In 1898, Doctor René Vaucaire wrote a comprehensive child welfare handbook, containing several hundred pages (17).

In 1906, Doctor Fumouze-Albespeyre published his *Child Booklet*, attractively illustrated with rather curious medieval-style miniatures by J. Van Driesten (18). He claimed to have based his booklet on the *Livret de famille* (*Family booklet*) by Doctor Périer, a well known paediatrician and director of the *Annales de médecine et de chirurgie*.

«It would be important for every mother to keep a kind of journal in which she could register all the facts concerning the health of the children, likely to illuminate the doctor in the event of disease, in the present or the future. One would thus manage to construct a file of the health of a child, and one could know, at any given moment, the diseases or accidents that could disturb the course of his physical education» (19).

The Family booklet was the realisation of this idea, an idea that the Child Booklet would continue. The totality of these notes would form the history of the health of the child, i.e., his or her file. With no

(16) DUFOUR. *Livret individuel*, Fécamp, n. d. [1894].

(17) VAUCAIRE, René. *Livret médical*, Paris, Charpentier et Fasquelle, 1898.

(18) FUMOUCHE-ALBESPEYRE. *Le livret de l'enfant (notes sur la santé des enfants)*, Paris, 1906.

(19) PERIER. *L'art de soigner les enfants malades*, 11^e. éd, Paris, Baillière, 1891, as quoted by Fumouze-Albespeyre.

need to depend on memory, the doctor would have all the information about the birth, breast feeding, weaning, teeth, growth, etc. The booklet comprises five sections. The Tables and Questionnaires are in the second section, to be filled out after the mother has read the first.

A further *Child Health Booklet* appeared in 1910, written by Doctor Larat and with a preface by Leon Mirman, Director of Welfare and Public Health (20). Its 48 pages alternated advice («what must be done», «what must not be done») with pages for observations, in the form of graphs and tables to be filled out with information on weight, height, teeth, vaccinations and contagious diseases. Leon Mirman insisted in the foreword on the idea that one should no longer randomly entrust the responsibility of a child to «maternal imagination». The health notebook was a privileged instrument for instilling in families the idea of methodical and precise care. It was developed alongside initiatives like the *Consultations de nourrissons*, the *Gouttes de lait*, *Pouponnières*, and day care centres, etc, in a veritable crusade against infant mortality and «avoidable harm», as Mirman describes it.

Some booklets appeared that were half-way between a birth album (21) and a health record. Parents could note what pleased the babies, their first smiles, first steps, first words, and their weaning, etc. However, they also contained a weight graph and spaces for noting illnesses and surgical operations. A book called *Baby appears*, attractively illustrated by Jacqueline Duché, is an example of this compromise (22). Published by Foucher chocolate, which produced Ali-Bébé infant foods, the booklet invited the mother to note events in the baby's life from birth, and printed advice on child welfare. Every page is well illustrated with a lithographic colour composition. The notebook also included a four-page medical section, in black and white with no illustrations, for recording more serious information on the weight curve, height, temperature, teeth, vaccinations, etc. Thus, the mother had in her

(20) LARAT. *Livret de santé de l'enfant*, Paris, Larousse, 1910.

(21) FINED, Agnès. *Lettres de naissance*. In: Daniel Fabre (ed.), *Écritures ordinaires*, Paris, Centre Georges Pompidou, 1993, pp. 117-147.

(22) *Bébé paraît*, illustrated by Jacqueline DUCHE, Paris [circa 1910].

hands a booklet that was both attractive and medical, and which she filled out herself.

The health booklet was an instrument that connected the family with the family doctor. However, it still remained a private booklet filled out by the family.

4. *WHAT DID THE MOTHERS MAKE WITH THESE BOOKLETS?*

Their attitudes were very variable: some mothers strictly followed the instructions and spirit of the health notebook, some used it at their convenience, whereas others made very little use of it.

Some notebooks show very little writing by the mother. The weight is noted, sometimes very thoroughly during the first few months. There may be a few notes on weaning and the first teeth but little more. Most of the pages remained empty.

In the notebook of Monique, born on June 8 1913, the weight was scrupulously noted by the mother, initially every two days, then every week until the declaration of the war, after which it was maintained sporadically until September 1915. Apart from the weight data, the notebook recorded the onset of weaning, and the eruption of the first and second tooth. The weight curve, carefully maintained, showed an increasingly lower weight than the average from the fifth month to the ninth month, followed by a return to the average weight at around 13 months.

As was encouraged by the authors of the notebooks, parents often saw weight and height as the most significant criteria of their child's health. A mother noted about her daughter, born in November 1928: «Simone is clearly above average size. In May 1939, when she celebrates first communion, she measures 1m 44, and is consequently strong, because she weighs 37kgs». The mothers interiorized the average standards, which appeared in the notebooks as red lines, and the reference values for each age. Baby contests had existed since the end of the 19th century, popularizing contemporary notions of what constituted a beautiful baby. Between the two world wars, physicians became wary of these

competitions, which in their view encouraged mothers to over-fatten their babies. These contests finally disappeared in the 1930s.

Doctors recommended that babies be weighed at least once per week during breast feeding and that «the weight be noted in a small booklet for this purpose. Thus, the doctor can see at a single glance whether the breast feeding of the child follows normal progress» (23). Pharmacies put on sale simple tables for recording the weight during the first month (weighing every day) and the first year (weighing every week). One table of this nature, sold by the Molard pharmacy in Lyon, was carefully filled out for a little boy born in 1914. It contained a list of health disorders (influenza, angina, bronchopneumonia, whooping-cough, and indigestion), and data on tooth eruption and weaning (at ten months). Some families, therefore, made good use of weight curves in following up the health of their children, as well as the obstetricians and paediatricians (24).

Some mothers invented their own health notebook for their children, evidence that this history is also about a form of female writing: Sometimes a simple and very small diary was used to note weights and medical examinations, as in the case of tiny notebooks in the possession of a Belgian and a French family. One was a small 1928 diary, which was used to record retrospectively from 1924 the weight of two twin sisters, Charlotte and Juliette, who were already around six years old. They were weighed at the pharmacist with their dresses on. As long as Charlotte was heavier than Juliette, her weight appeared first in the notebook, but when Juliette's weight exceeded Charlotte's, Juliette's name was written first, further proof of the importance of weight to this attentive mother. The tiny diary was probably distributed as a «health notebook» by the pharmacist for Deschiens, a manufacturer of a syrup for children. It included a table of average weights and heights for children, a small table for recording the three-monthly

(23) DUCHESNE, Léon. De la valeur d'un allaitement. In: *Almanach illustré à l'usage des jeunes mères. Hygiène de l'enfance*, 1888, pp. 47-48.

(24) BUDIN, Pierre. *Manuel pratique d'allaitement. Hygiène du nourrisson*, Paris, Octave Doin, 1907.

measurement of the child's weight and height, hygiene recommendations, and a small table for the teeth of the child.

The notebook of a woman from the French-speaking elite in Antwerp is in many ways typical of this incipient concern for the health and the wellbeing of the children. She used a very small blank notebook to record observations on her three children (born in 1906, 1908 and 1922). The order of the notations was similar for each child: weight, height, various notes on psychomotor development (tooth eruptions, walking, first words), and minor diseases. The children were weighed and measured at the pharmacist while fully dressed, and adjustments were made to take account of the weight of clothing and height of shoes. The mother followed more closely the growth of her third child, a girl, noting her weight weekly during the first year, and describing the expressions of the child in much greater detail. April 1923 «she claps her hands», January 15, 1924: «she chatters more and more and takes pleasure playing with the wooden doll», April 1924: «she is almost clean when she is supervised», 15 July 1924: «she knows on her own the sign of the cross, Baby Jesus I give you my heart», «where is daddy?». It is a particularly endearing document of a mother who follows the progress of her children. However, it is somewhat removed from the medical model, and her notes on health disorders were rare and brief (diarrhoea, X-ray, etc.).

Another mother made similar use of a small black moleskin-covered notebook to follow the progress of her daughter Monique, called Monette, born in January 1933. The mother did not hide her admiration in front of «her little darling», «her little queen», who appears to have been notably advanced and affectionate. She noted minor health disorders, the eruption of her teeth, and her weight. However, she took a special interest in the moods of her child: in August, she noted «Monique becomes tiresome, she cries to go outside and is always demanding to play». The notes stopped when the child was 17 months old.

As the above examples show, the appropriation of the health record by the mothers could be very personal. In this situation, the notebook becomes more a medium to store family memories than a health instrument.

The earliest notebook presented in this study was for Henriette, the posthumous child of a Protestant priest in Gard province, born on June 2, 1887. The baby was baptized on July 3 by her grandfather, also a priest. The mother noted the identity of the godfather and godmother and recorded the presents received at the baptism and the identity of the givers: silver goblet with figure, silver fork and spoon, gold bracelet, gold earrings, etc. The notes on the child's health are, on the other hand, limited to three mentions of her weight, the dates of smallpox vaccination and weaning, and the dates of the eruption of her first and sixth teeth, and nothing else.

Between the two wars, a notebook for Paul, born in 1931, contained conscientiously recorded observations on his development throughout childhood. The weight curve of the boy was plotted, showing an early tendency to below-average weight followed by an above-average weight after the fourth month. The mother also recorded the first school results of the little boy: the satisfactory grade awarded on October 10 for his first school re-entry at six years, and notes on his prizes, classifications (excellent) and points. Even the names of his teachers were recorded.

Some of the Lescasse health notebooks were filled out for several children successively. This is the case of a notebook for another boy named Paul, born in 1900. During the first few weeks, the mother followed the health of her baby almost daily, and then a nurse came to breastfeed the baby at home, from the fifth to the twenty-first week. The weight curve was plotted, and it was in this graph that the brother and the sister of Paul also appeared: Alice, born in November 1901, and Maxime, born in July 1904. The mother plotted the three weight curves on the same graph, and it can be observed that eldest child grew bigger less quickly than his siblings. It is the only case of a notebook where we were not clear whether the notebook was written by the mother or the father or both. The author employed erudite words, underlined some parts in red, and also used exclamation marks. This approach is rare among women, who often tend to be conformists, although the exception can prove the rule!

Another notebook, initially filled out for Jean, born in Paris in April 1924, was then used for his brother Pierre, born in December

1925. The weight of both children was noted weekly, as well as the eruption of teeth and the age of walking, etc. The weight of the children continued to be recorded until April 1942, when the observations ended.

One of the most thoroughly completed Lescasse notebooks found was for a baby girl born in November 1935 in Switzerland. The mother noted the amount of milk consumed by the baby every day, the weight was recorded weekly and the smallest details were written down. Thus, the mother made daily observations on her daughter's progress: first smiles, ability to sit, sounds, and recognition of others, etc. The mother was observant and very attentive, and maintained the notebook meticulously until the child was three years old. It is possible that her approach may reflected the influence of the Swiss psychologist Jean Piaget (1896-1980) who published many books in the 1920s on the development of child intelligence. This movement appears to have crossed the Swiss borders, because we found a notebook filled in the same spirit for a young French girl born in December 1943. The notebook had been bought for 5 francs from Gallia, a milk producer. The mother, who belonged to the intellectual elite of Paris, filled out the 56 pages of the notebook with astonishing precision. She recorded the physical and psychomotor development of her daughter on a daily basis until the threshold of adolescence. It reveals, for example, that the mother's milk declined at the time of the Normandy landings in June 1944 and then increased. We are also told that her daughter received Nestlé and then Blédine milk complements. The child's food intake after weaning was described in great detail during the first few years, as well as minor health disorders (green diarrhoea). The most remarkable notes are those on the child's psychomotor development and her relationships with others: she «shakes hands» in February 1944; «she laughs a lot and prattles while answering you» in March; «she recognizes neither Marguerite nor Mother and cries», in April; «she plays with her rattle» at 26 weeks; «she is held sitting, catching things» at 27 weeks; «she says Papa and changes considerably» at 34 weeks, etc. She was the fourth child of a couple that had also lost babies by miscarriages. So, she was a greatly wished-for baby who was carefully observed and tenderly loved by parents who were concerned for her survival.

At the same time, other family memory storage mediums started to compete with the health notebook. The photograph album was clearly more attractive to some families than the written booklet. Photographs and even films could replace the writing. Perhaps we can also observe at this juncture a division between women, who wrote, and men, who took photographs. However, the Child Health Notebook was about to become an obligatory instrument of public health.

5. *THE INVOLVEMENT OF PUBLIC HEALTH*

Discussions on the use of the health notebook as an instrument for managing public health began at the end of the 19th century, with the opening of debate on the extension of the Roussel law. The issue was whether the systematic visit of physician-inspectors and the control provided by the wet-nurse notebook should be extended to all children. Proposals were made, notably by Paul Strauss, to introduce a growth notebook for all children, to be periodically checked by the local council or a medical authority. The debate on the extension of the Roussel law, which lasted from 1897 to 1935, inevitably raised the issue of the health notebook, which was a means to contact all families and to establish a minimal protection for all children.

The idea was first put forward in 1897 by the Rouen *Congrès d'Assistance publique et privée* (Congress of Public and Private Assistance). Mr. Cambillard, Mr. Lefèvre and Paul Strauss proposed that the Roussel law be extended, from birth to the age of two years, to all children receiving State assistance, who would receive for this purpose a *Carnet d'élevage individuel* (Individual upbringing notebook). Paul Strauss even considered that all parents would have to either provide a medical certificate or bring their children for a medical examination (25).

The *Congrès de protection des enfants du premier âge* (Congress for the Protection of Infants) held in Bordeaux in 1913 took up this idea, as

(25) Proposition de loi de M. Paul Strauss sur la protection et l'assistance des mères et des nourrissons. *J. O.*, November 14, 1899, Documents parlementaires, Sénat, Annexe 235, p. 449.

did the *Conférence de puériculture* of the *Ligue contre la mortalité infantile* (Child Welfare Conference of the League Against Infant Mortality) in 1920. In 1918, as part of a proposal for a Bill to revise the Roussel law, again Paul Strauss suggested that all families be supplied with an Individual Upbringing Notebook for each new-born child. Families would maintain their free choice of doctor, and medical examinations by a public or private centre were only proposed for families without resources or family doctor. The notebook would be presented to the local council for regular checks during the first two years of the child's life. If it appeared that a child would not be supervised by a doctor, the council would arrange for his/her care by the Service for the Protection of Infants (26). The Upbringing Notebook seemed to be an instrument of «medical defence» and a means of health education for the whole population. All subsequent pronouncements of the French Parliament supported the idea of a health notebook that was obligatory for all. In this context, the *Livret médical et sanitaire-Carnet de santé individuel et privé* (*Medical and health booklet-Individual and Private Health Notebook*), compiled by Camille Piétri, was published in Paris in 1923. This booklet contained 32 pages and was «intended to follow its holder throughout life». In order to guarantee confidentiality, the name of the holder could be replaced by a symbol.

The infant growth notebook would then be followed by a school notebook, as proposed by the XII *Congrès de Médecine et d'hygiène publique* (Congress of Medicine and Public Health) in 1925.

In 1929, Bordeaux appears to have been the first town to issue a health notebook for each child born in the city. Produced by Dr. Ginestous, assistant to the mayor, and Llaguet, director of the Office of Hygiene, this notebook was presented as an example to be followed in Dr. Boyé's paper given to the conference on social medicine of school-age childhood in 1935 (27). Dr. Cuvier of Bordeaux had launched an

(26) Proposition de loi de M. Paul Strauss tendant à la révision de la loi du 23 décembre 1874... *J. O.*, Documents parlementaires, Sénat 1918, Annexe 542, p. 798-800.

(27) BOYÉ. Le carnet de santé. *Journées médico-sociales de l'enfance d'âge scolaire*, Paris 4, 5 et 6 avril 1935, Office de protection maternelle et infantile de la Seine, 1935, 67-76.

earlier initiative in this direction, and from 1926, 2,000 copies of his individual medical notebook circulated in the city, distributed by the *Mutuelle des camarades de combat* (War veterans mutual benefit society) and other mutual aid associations (28). Similar initiatives were taken in various cities (La Rochelle, Besançon, etc.) between 1920 and 1930.

A 1939 notebook delivered by Bordeaux (29) shows the distance travelled since the Fonsagrives model was first proposed. It is no longer a question of involving the mother in following up the health of her child. The notebook was to be strictly filled out by the attending physician, and by him alone: «only, indeed, the doctor knows the value of the terms employed and can avoid overloading the notebook with details of no importance» (p. 3). The doctors of the mid-20th century had little confidence in the mothers! At the end of the notebook, there was a list of dispensaries and vaccination centres.

The idea of generalizing the health notebook was only half-carried out before the Second World War. The upbringing notebook, eventually called the weight notebook, was not made compulsory in the 1935 *Décret-loi* that revised the Roussel Law. However, the great innovation of the decree was that «each child must be provided for his birth with a free growth notebook, which will be laid out so as to receive the information provided for by the Public Administration Regulations». A visa-style system was not adopted, undoubtedly because of the workload it would impose on the administrative services. The application of this first legislation is little known, because it was in force for only a short time. It seems that various initiatives were taken to allow mothers to follow the growth of their children, without a standard model being imposed. Thus, a *Carnet de santé* (*Health notebook*) was published in 1938 by Vuibert, at a price of 2 Francs 50 with 20 pages and graphs, which acted as a school health record. A thesis was presented the same year in Paris (30) and another two years later at the university of Bordeaux,

(28) BOYÉ; GINESTOUS; LLAGUET. Le livret sanitaire individuel. *Revue d'hygiène*, 1926, p. 274.

(29) Ville de Bordeaux. *Livret sanitaire individuel*, 1939.

(30) LUPU, Alexandre. *Le carnet de santé*, Paris, M. Puyfourcat, 1938.

providing interesting information on the Bordeaux experiment (31). In 1939, a decree of May 2 signed by Marc Rucart and laws and decrees of June 2, established the *Carnet de santé du Ministère de la Santé Publique* (Public Health Ministry Health Notebook), which took the place of the growth notebook for children under protection (Décret-loi of 1935). The first official notebook, printed by Berger-Levrault in Nancy, was rather austere, coloured beige and kept a small grey pocket. However, it was comprehensive, with two series of curves for weight and height, and spaces for following up the health of the individual until adulthood. It also allowed for the possibility of entering other documents, such as ordinances, examination results, etc. It contained 40 pages, was compiled with advice from the *Conseil supérieur d'Hygiène sociale* (Higher Council of Social Hygiene) and was designed to cover the entire life of an individual.

A Law passed on November 2, 1945 (*J. O.* from November 5, 1945) made the supply of a health notebook compulsory. Since that date, France has seen a half a dozen generations of notebooks, with each department now having its own version.

The model established in 1939 was used throughout the war and was used again after 1945. The format of the notebook was not modified until the end of 1960. It then became much smaller, with a navy blue cover, and this remained the standard format until 1980. However its contents were impoverished, and the weight and height curves disappeared. Pink pages with warnings and advice about milk and alcohol were inserted between the cover and the first page of the notebook. A commission created in 1967 by Marie-Madeleine Dienesch, Secretary of State for Health, ended up transforming the notebook. It was significantly increased in size, from 40 to 96 pages, the weight and height curves were reintroduced (on two pages), and there were extra pages for school medical examinations. Various other proposals made by the commission were not put into practice, such as the recording of prenatal examinations, the inclusion of a family genealogy, and the introduction of a scale of psychomotor development.

(31) SCHRADER, M.L. *Le livret sanitaire individuel, sa réalisation à Bordeaux en 1929*, Bordeaux, Drouillard, 1940.

The law of 1945 did not provide sanctions for the non-use of the notebook or incentives for its use. The health record was simply recommended, for the purpose of improved medical follow-up. Control by means of the health record was left to one side. Control was exerted through the periodical certificates required for the payment of family benefits.

With the introduction of health certificates in the health notebook, the idea of the health record underwent a major change. For the promotion of public health and the prevention of disability, the law of July 15, 1970 made it compulsory in France to have three health certificates signed by a physician. After the decree of March 2, 1973 that established these health certificates, the health notebook underwent successive modifications. Parallel to experiments carried out in the department of Ille-and-Vilaine under the direction of Professor Jean Sénécal, a working group on improvements to the health notebook initially decided to increase its size even further, so that duplicates of these certificates could be included. The contents of the notebook were also expanded, so that the number of pages rose from 96 to 104 pages. It now contained a family genealogy, information on siblings, weight and height curves, as well as the health certificates issued after examinations at birth, nine months and two years. This model was distributed after 1973, and was followed in 1978 by an even larger version.

The health notebook was again transformed in the 1980s. After 1985, different-coloured pages were used to distinguish different ages: neonatal, one to nine months, ten to twenty-four months, two to five years, six to twenty years, and finally adulthood; and there were further pages for emergencies. Some of the results of examinations performed for the certificates were directly reproduced in the notebook. On the other hand, results relating to disabling diseases, such as *spina bifida*, hydrocephalus or malformations were not duplicated. A graph for cranial perimeter measurements was included, and vaccinations were recorded in the middle of the notebook. The family genealogy disappeared.

The laws of decentralization brought about a final transformation in 1994. Although the basis of the notebook is identical throughout France,

each department can add its own pages of advice and recommendations as inserts, coloured according to the age period in question. The current notebook contains seven distinct sections: the family, the neonatal period, from birth to twenty years old, growth curves, vaccinations, hospitalizations, transfusions and X-rays, etc. Recent notebooks have shown a particular interest in the prevention of deafness, obesity and malnutrition, with a greater focus on adolescence, including advice directly addressed to this age group (32).

The health notebook is now a tool of public health management, while at the same time, through advice to parents and the teenagers, it fulfils a function of delivering health education to the individual. One can simply note that the notebook stops with adulthood, a fact that is related to the refusal of the *Conseils généraux* (Departmental Councils) to bear the cost of the notebook beyond adolescence, given that by law they only have to fund the notebook up to the age of six years.

For the Department of Mother and Infant Welfare (PMI), interest in the health notebook lies in the certificates of health, used by their services, and the vaccination certificates. As in the past, other matters are the concern of the expert and the family. Because of the introduction of health certificates, the issue of confidentiality became crucial. A debate opened in the 1970s on the value and dangers of the *Gamin* project (*Gestion automatisée de médecine infantile*-computerised management of paediatric medicine). After lively discussions within the *Commission informatique et libertés* (Commission on Computer Data and Freedom), it was decided to distinguish between two types of data handling: on the one hand, a non-anonymous manual handling of the health certificates by PMI physicians immediately after their reception, allowing the individualised follow-up of a child by a nursery nurse or a midwife; on the other, the anonymous handling of certificate data to gather statistics for epidemiologic purposes.

Currently, health notebooks are subject to two types of study: one by the PMI, analysing the degree of cover and childhood public health

(32) PACLOT, Catherine Les modifications récentes. In: *Le nouveau carnet de santé*, Comité national de l'enfance, Conférence April 1, 1996, (typescript) pp. 13-20.

problems (33); and the other by paediatricians, who analyze the contents of the notebooks as well as the health certificates. A paediatrician from Bordeaux recently studied the contents of 122 notebooks of children born between 1982 and 1998 (34). She concluded that the children were followed up regularly, in accordance with the law, that most children (55%) in the sample were bottle-fed, and that the frequency of weight notations differed according to the expert (35% of general practitioners made weight notations, compared with 61% of paediatricians and 72% of PMI doctors). She underlined the interest of these health notebooks, but drew attention to the ethical questions they posed: how can the health notebook be an effective instrument, i.e. accurate and complete, while simultaneously ensuring the protection of the individual? The debate revolves around the degree of anonymity of the notebook (which is identified by a simple number), the rules governing its transmission, and the elements that can and cannot be transcribed, among other issues.

What is the future of the health record, given the advent of computerization and the introduction in France of the *Carte vitale*? It is possible that physicians will directly load the results of periodical examinations into their computers and transmit them through the computer network to the *ad hoc* medical authorities. If this occurs, the health record will lose its epidemiologic value and it will again become whatever the families and doctors want it to be. The Child Health Notebook will continue to preserve vaccination details, and will also serve as a guide for families and as a collection of memories.

(33) See for example for Paris: BONNEFOI, M.F. *La santé de la mère et de l'enfant à Paris. Données établies à partir des certificats de santé reçus par le Service de Protection maternelle et infantile. Evolution 1980-1999*, Department of Paris, 2000; and for France: SENEAL, J. ; BUSSIÈRE, E. ; ROUSSEY, M. ; MORELLEC, J. ; PEDRONO, G. Les certificats médicaux obligatoires de la première enfance: un outil épidémiologique méconnu? *Bulletin de l'Académie Nationale de Médecine*, 2001, 185 (4), 727-747.

(34) PERE-COMBY, Isabelle. *Le carnet de santé. Etude des renseignements consignés (de 8 jours à 24 mois) sur 122 carnets*, Bordeaux, Université de Bordeaux II, 1998.