

The chief limitations of the study appear to have been amply described in the report. There was a narrow territorial restriction. In addition, the sample proved to be inadequate at certain crucial points "since many cells in some of the most interesting tables contained too few cases to permit of any judgment of the meaning of the association." It is hoped that more adequate data from the 1940 Census will be utilized for intensive studies of this character.

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HEALTH INDICES FOR GREATER LONDON AND NEW YORK, 1931-1940

BECAUSE the total populations of the two cities are almost alike in size, Dr. Percy Stocks in an article, entitled "Health Indices for Greater London and New York, 1931-1940,"¹ presents for comparison their death rates from various causes.

Dr. Stocks used for his New York City material data from the February, 1941, issue of the *Quarterly Bulletin* of the Health Department of New York City. The death rates for the years 1931-1940 have not been corrected for inward and outward transfers as are the rates for London. That is, the New York figures do not include deaths of residents which occurred outside the city, nor do they exclude the deaths of nonresidents which occurred within the City. As Dr. Stocks states, "in the case of tuberculosis, from which cause a large proportion of deaths of town dwellers occur in institutions situated in the country," the rate for New York City would be about 10 per cent higher if corrected for residence.

The best way then to compare the trend in the death rates for these two cities is to study the changes in the ratio of the Greater London death rate to that of New York. "Changes since 1931 in the distribution of hospital cases in and around New York are unlikely to have seriously affected the ratio, and if the ratio has consistently increased, the conclusion must be drawn that progress in reducing mortality from the disease in question in Greater London has not kept pace with that in New York and vice versa."

¹ Stocks, Percy: Health Indices for Greater London and New York, 1931-1940. *British Medical Journal*, July 19, 1941, No. 4202, p. 96.

On examination of the death rates for diphtheria per million children under 15 years of age, the London-New York ratio from 1931-1934 ranged from 2.0 to 6.5, but from 1937 to 1940 it ranged from 6.0 to 8.6. As Dr. Stocks points out, New York had forced death from this cause down by 85 per cent since 1932; on the other hand, London has been able to reduce its rate by little more than half.

For scarlet fever, the death rates rose and fell for both cities until 1936 when a definite downward trend was begun. New York's rate per million children under 15 years of age dropped from 38 in 1936 to 9 in 1940, and that for London dropped from 36 to 7 in the same period. In this instance, New York and London showed a similar decrease of more than 75 per cent.

The death rate for measles in both cities showed extreme fluctuation. The rates, in the long view though, have been falling decidedly in both cities, with London's rate throughout the period remaining approximately five times that of New York. In the case of whooping cough the ratios have changed only slightly; London's rate in 1939-1940 was 2.4 times that of New York.

From 1931-1936 tuberculosis mortality among persons of all ages declined at a greater rate in London than in New York. But due to an accelerated decline in New York in recent years combined with a setback in London, the ratio increased from 1.10 in 1936 to 1.23 in 1939.

Although appendicitis death rates have been consistently higher for New York than for Greater London, a more rapid rate of improvement in New York caused the ratio to rise from 0.45 in 1931 to 0.55 in 1939.

According to Dr. Stocks, suicide death rates were high in both cities during the early years of the depression; and while they have been declining in both cities since 1933, New York had a slight rise in 1938-1939. The ratio of Greater London to New York reflects this disparity in its drop from 0.81 to 0.77 in the same interval.

New York City's infant mortality rates based on live births may be compared directly with those of London, since infant deaths from all causes in New York State are allocated to the place of residence. The average rate for London in the period 1931-1933 was 8 per cent higher than that for New York. In the 1937-1939 period, this excess had risen to 24 per cent. Dr. Stocks feels that war conditions must inevitably further retard improvement in the London rate and increase the widening gap for the time being.

These death rates by causes, presented in comparable form, have served to stress one of the objectives ever present in public health. Dr. Stocks now sees this objective as a need for renewed vigor in bringing down death rates in the postwar era, deploring the tendency to rest on past performance in this field. He salutes New York as a city which has forged ahead here, and looks toward the day when health indices will be as much a subject for intercity rivalry as are other aspects of our daily lives.

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