

HOSPITAL DISCHARGE STUDY¹

STUDIES of hospital morbidity usually suffer from the lack of a population base to which to relate the excellent records of illness. This study met this problem by obtaining for one year records of discharges from practically all hospitals in New York City and relating the illness records to the population census of the City. The more than half million cases were carefully allocated to the residence of the patient so that hospital rates could be computed for health center districts and for residents of New York City, excluding nonresidents who were hospitalized within the City.

The annual rate of hospital discharges among residents of New York City was 70 per 1,000, ranging in the five boroughs from 54 for Queens to 99 for Manhattan, and in the thirty-one health center districts from 40 per 1,000 in Maspeth-Forest Hills to 127 in the Lower East Side. The discharge rates in the thirty-one health center districts showed a rather close correlation with death rates. Data are shown in broad age groups for each of the thirty-one health center districts.

Tabulations in seven age groups show variation in annual hospital discharges from 64 per 1,000 at 5-14 years to 96 at 65 years and over. For all ages the annual hospital discharge rate was 64 per 1,000 males as compared with 77 per 1,000 females.

Data are shown in various tables for some fifty to sixty diagnosis groups, including discharge rates by sex for all ages and by age for both sexes. Obstetrical conditions lead with 74,095 discharges followed by tonsils and adenoids (including tonsillectomy) with 65,797 discharges. Other important diagnoses were neoplasms, cardiac diseases, appendicitis, and fractures. Data are also given on the percentage of hospital cases that ended fatally, by age and duration of hospital stay, and by diagnosis. The small volume is literally filled with interesting facts about hospital care and related items.

The present book on general aspects and local distribution of hospitalization is published as the first of three volumes; the second will deal with a detailed analysis of hospitalization of important diseases, and the third will outline a system for the routine reporting of hospital cases. In

¹ Deardorff, Neva R. and Frankel, Marta: *HOSPITAL DISCHARGE STUDY: An Analysis of 576,623 Patients Discharged from Hospitals in New York City in 1933*. New York, The Welfare Council of New York City, 1942.

fact the main objective of the whole study seems to have been the formulation of this plan for current reporting of cases with the great mass of interesting morbidity data coming as a sort of byproduct of that study.

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