

tremely valuable to tuberculosis services in revising their programs to meet war-time demands.

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HOSPITAL DISCHARGE STUDY:¹ VOL. II

SURGICAL cases make up a large part of the total hospital case load in terms of admissions, and a considerable proportion of the surgery is elective in nature. Therefore hospital admission rates mean much more when they are for specific causes.

In the New York Hospital Discharge Study the records covered nearly all hospitals; thus rates for New York City and various districts of New York could be computed by age, sex, and color. The fact that a population was available made the New York Study different from nearly all other hospital studies for few have a population available.

An important point of view of the authors in presenting the data in this second volume was the distribution of the hospital case load as between voluntary and municipal hospitals and as between general and special hospitals and institutions for the chronically sick. Thus, for a considerable number of specific diagnoses there is set forth the distribution of cases according to these types of hospitals. In further pages are comparisons of different hospitals according to the days of hospital care, in terms of about five categories of length of hospital stay; no figures are given for average stay in the hospital or days of hospital care per 1,000 population.

An early chapter takes up surgical services in hospitals, showing for specific diagnoses the percentages that were treated surgically, the type and size of hospitals to which surgical cases were most frequently sent, the stay in the hospital for nonfatal and fatal surgical and nonsurgical cases. Following are chapters on appendicitis and tonsil conditions, a large proportion of both diagnoses being treated surgically. The percentage of hospital cases that ended fatally, computed separately for surgical and nonsurgical cases, is used in these and other chapters throughout the report.

Other chapters show similar items about important causes of hospital

¹Deardorff, Neva and Fraenkel, Marta: *HOSPITAL DISCHARGE STUDY, An Analysis of 576,623 Patients Discharged from Hospitals in New York City in 1933. Vol. II. Hospitalized Illness in New York City.* New York, Welfare Council of New York City.

care, including obstetrical cases, traumatism and poisonings, communicable diseases, pneumonia, venereal diseases, tuberculosis, malignant and nonmalignant neoplasms, diabetes, rheumatic and arthritic conditions, cardiovascular diseases, and miscellaneous other acute and chronic diseases. Of these categories, the chapters on obstetrical cases and tuberculosis are the most complete. The chapter on obstetrical cases includes data on the type of birth (spontaneous, forceps, or cesarean), whether full-term or premature, and complications, along with other factors. The chapter on tuberculosis shows not only cases and percentages, but rates per 100,000 for reported cases, deaths, and hospital discharges for each of thirty-one health center districts of New York City. Diabetes and cancer are also treated quite fully but with less use of rates than of percentage distributions.

In general this second volume is written from the point of view of the characteristics of hospitalized cases rather than the extent or frequency of such cases as judged by the rate per 1,000 population. While the first volume had numerous rates in it, one cannot help but feel that more frequent use of rates per 1,000 would have been worth while in the detailed chapters on these specific diseases. However, the numbers of cases are set forth in considerable detail, so they can be used by other investigators in computing any rates or percentages not included in these reports.

The characteristics of the cases which are set forth for the specific diseases mentioned above are: (a) age, sex, and color distribution in percentages of cases and sometimes in specific rates per 1,000, (b) distribution of cases and frequency rates per 1,000 for the thirty-one health center districts, (c) case fatality or the proportion of cases discharged from the hospital as dead, (d) length of hospital stay, and for some diseases (e) rates by race stock or country of origin.

This second volume, like the first, contains a mass of detailed information about hospitalized illness which is of interest to students of hospital morbidity and which should be useful in many ways in present planning for hospital care in postwar years.

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