

makes no claim of speaking for the aged as a group — the 414,000-odd. At best it relates only to those who have found it necessary to seek aid outside their immediate family group. Within this category, the information obtained is based on data relating to 1,935 persons only, out of a total of 3,106 requests for advice of one kind or another made to the Bureau of the Aged of the Welfare Council during a stated period. The group is, in a statistical sense, not a “sample” either of the aged group as a whole or of those dependent on assistance, or, for that matter, those cared for in institutions. It is a sample in the sense of “illustration” only, of those aged, who presumably are not financially secure, or safe in their prospects as to health, human companionship, or usefulness. Within this illustrative group it is a study of the quantitative distribution of problems of a qualitative nature, that characterize the condition of the aged in New York City. It is part of the cumulative knowledge and of the growing efforts to see in an honest quantitative way the task that society, and particularly social work faces in this demographic perspective.

Neither the findings, nor the recommendations are revolutionary. For that very reason no summary can provide a substitute for careful reading on the part of those who may profit by the practical nature of the study. It covers the health and medical problems of the aged; their vocational capacities and needs; institutional, hospital, and convalescent facilities. It confronts the responsible citizen and particularly the social worker with the fact that we have failed to give to the needs of the aged the required thought, devotion, and time. On the theory that the young and those in the prime of life are the important social investment, we have escaped this increasing responsibility for the aged. Or is it because they are not interesting cases?

PHILIP KLEIN



TUBERCULOSIS MORTALITY IN THE UNITED STATES 1939-1941¹

THE recent release of detailed mortality data by the Bureau of the Census and the population data available from the 1940 Census made

¹ Yerushalmy, J., Hilleboe, H. E., and Palmer, C. E.: Tuberculosis Mortality in the United States, U. S. *Public Health Reports*, 58, No. 40, October 1, 1943.

possible a comprehensive study of the tuberculosis mortality in the United States for the years 1939-1941. The mortality represents deaths with tuberculosis as the primary cause, and the rates are presented according to sex, age, race, and place of residence.

The tuberculosis death rate for males (53.6) was 41 per cent greater than the rate for females (38.1). This excess of male deaths over female deaths was greater for tuberculosis than for all other deaths. Tuberculosis mortality for Negroes was much higher than that for whites, and the mortality for other nonwhites was about twice that for Negroes.

No important changes in the age curve of mortality were evident. Age-specific mortality rates for all forms of tuberculosis revealed an increase in the death rate with age for whites, but for nonwhites a peak in the mortality was reached in the 20-24 age group for females, and in the 45-54 age group for males, followed by a steady decline for both sexes at the older ages.

Wartime shifting of population is making the evaluation of tuberculosis mortality trends increasingly difficult in certain areas. The authors suggest that the ratio of tuberculosis deaths to all deaths within specific age groups for racial groups by sex may serve as an index for comparison of the trend in tuberculosis mortality from year to year, since this ratio is independent of unknown population data. It is pointed out, however, that a serious increase in deaths due to some other disease may give a spurious decline in the proportion of deaths due to tuberculosis.

In the period 1939-1941, the proportion of all deaths that were due to tuberculosis for both sexes and races was found to be negligible at very early ages; the proportion increased rapidly to a peak between ages 15-30 and steadily declined thereafter. The contribution of tuberculosis deaths to all deaths was most prominent in nonwhite females in the age groups 15-19 and 20-24; 38 per cent of all deaths in both these groups was due to tuberculosis.

Respiratory tuberculosis mortality rates were found to vary inversely, and to a marked degree, with the size of the city, among males, while the place of residence did not appear to affect the rates for females to any important degree. This was interpreted as possibly indirect evidence of the relationship between tuberculosis and industrialization.

In view of the increased number of cases of tuberculosis being uncovered by mass chest x-rays of inductees and war workers, and the danger of an increase in incidence of the disease due to wartime conditions, it

was thought desirable to study the trend of the mortality rate of tuberculosis over the past decades. Such a trend may be used as a yardstick for future accomplishments.

The trend of mortality at specific ages is of interest. In the period 1939-1941 compared with 1919-1921 the relative decline in the rates for white persons was greatest for both sexes under 25 years of age (from 75 to 81 per cent); the percentage decrease was somewhat greater for females than males at ages 10-14, and greater for males than for females at ages 20-24. After age 25 the decline in mortality of females remained relatively high with decreases in the rates of from 72 to 59 per cent up to age 75. On the other hand, for males the decreases were similar to those for females only up to age 34. At ages 35-74, where mortality among males is relatively high, the decreases in the death rates ranged from 40 to 62 per cent. It may be suggested that this failure of the male mortality to decline as rapidly as the female mortality at these ages is worthy of the attention of those engaged in the control of tuberculosis.

In terms of lives saved annually, the downward trend in age-specific mortality rates can be appreciated if the 60,428 deaths from tuberculosis in 1940 are compared with the 156,520 that might have been expected were the 1920 rates still operating.

RUTH ZWERLING