MEDICAL CARE FOR ACUTE RESPIRATORY ILLNESS IN TWO COMMUNITIES IN NEW YORK STATE

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ORBIDITY studies have shown that the incidence of acute respiratory illness varies by age and sex and also may be influenced by family attitude toward illness (1, 2, 3, 4, 5). A study on disability from respiratory illness showed disability to be characteristic of certain persons and certain families (6). It is of interest to learn whether medical care for acute respiratory illness is influenced by age, sex, or personal attitudes and feelings about how an illness should be cared for.

The study of acute respiratory illness that was conducted in two communities, Pleasantville and Mt. Kisco, in Westchester County, New York, from September, 1946 to May, 1949 included records of medical care. The purpose of the present report is to present data on the amount of medical care received by males and females at specific ages for acute respiratory illness.

Data and Method of Study

The data and method of the study of acute respiratory illness in the two communities in Westchester County, New York, have been fully described in a previous report (5). Briefly, the epidemiological field investigation of acute respiratory illness was based upon the periodic survey of families for the purpose of collection of illness records. On each visit to the family, inquiry was made about acute respiratory illnesses which had occurred among their members during the past four weeks. Inquiry was also made as to whether the reported illnesses were medically attended.

For all medically attended cases of acute respiratory illness a record was made of (1) name of attending physician; (2)

¹ From the Milbank Memorial Fund. This is the twelfth in a series of papers dealing with a study of acute respiratory illness.

number of visits and specific dates of medical calls; and (3) whether the service was rendered at home, at the doctor's office, by telephone only, or in a hospital. The nature of the illness as stated by the family informant was not submitted to the attending physician for confirmation or correction; these data are based upon information given by the family informant.

The population is classified according to the occupational class of the head of household, by sex, and by age. The illnesses are further classified by the nature of the illness and by type of disability.

Occupational Class. Persons in each family were coded according to the occupational class of the head of household.² Persons have been divided into two occupational classes according to the occupational class of the head of household: (1) professional and managerial; and (2) all other occupational classes which include clerical, skilled, semi-skilled, and unskilled workers. Consequently, it is possible to evaluate the influence of occupational class on the incidence of medically-attended cases of acute respiratory illness.

Sex and Age. Morbidity studies have shown that the incidence of acute respiratory illness decreases with age among both males and females and that after the age of 10 years the incidence rate among females exceeds that of males. The data collected in Pleasantville and Mt. Kisco make it possible to study the influence of sex and age on the incidence of medically-attended cases of acute respiratory illness in the two communities.

Nature of the Illness. Acute respiratory illness as reported in this analysis includes head colds or coryza, colds with sore throat, tonsillitis and septic sore throat, colds with chest complications, tracheitis, bronchitis or cough, and influenza. The medically-attended illnesses have been classified according to the part or parts of the respiratory tract which were reported as affected and have been divided into two classes: (1) illnesses

² Coding of occupational class was based upon the Alphabetical Index of Occupations and Industries. United States Department of Commerce, Bureau of the Census, Sixteenth Census of the United States, 1940.

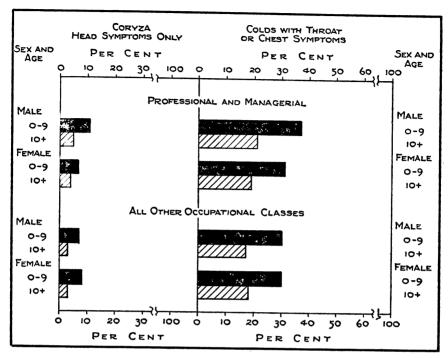


Fig. 1. Proportion of the total head colds (coryza) and of the total colds with throat or chest symptoms that were medically attended. Pleasant-ville and Mt. Kisco, September to May, 1946–1949.

which affected the head only (coryza), and (2) illnesses which involved the throat or chest.³

Disabilty. The medically-attended cases of acute respiratory illness were divided into two classes according to the extent of disability: (1) illnesses which were not confined to bed, and (2) illnesses which were confined to bed for one or more days.

FREQUENCY OF MEDICAL CARE

Every illness included a record of any medical care received. Of the total illnesses reported during the three years of the study, 17 per cent received medical care. Ninety-eight per cent of the medical care was rendered by private physicians.

Figure 1 shows for the population in the two occupational

³ The classification "colds with throat or chest symptoms" includes illnesses with throat symptoms only, illnesses with throat symptoms in combination with head and/or chest symptoms, illnesses with chest symptoms only, or illnesses with chest and head symptoms.

Table 1. Proportions of the total head colds and the total throat or chest colds among males and females by age which had medical care, classified by occupational class of head of household and type of disability. Pleasantville and Mt. Kisco, September to May, 1946–1949.

9.1 4.0 4.9 5.1 3.5 4.3 6.3 6.3 15.1 19.4 11.3		PROFE	Professional and Managerial	HAGERIAL	ALL OT	ALL OTHER OCCUPATIONAL CLASSES	L CLASSES
6.8 9.1 4.0 4.9 5.1 3.5 4.3 6.3 6.3 15.1 19.4 11.3 31.2			Coryza—Head	Colds With	Total	Coryza—Head	Colds With Throat or
6.8 9.1 4.0 5.1 3.5 3.5 6.3 12.4 12.4		141	Symptoms Only	Chest Symptoms		Symptoms Only	Chest Symptoms
6.8 4.0 5.1 7.3 9.0 6.3 3.5 6.3 15.1 36.9 43.9 15.1				Per Cent	Cent		
6.8 4.0 5.1 7.3 9.0 6.3 36.9 43.9 15.1 31.2 12.4				NO BED DISABILITY	ISABILITY		
7.3 9.0 3.5 6.3 6.3 15.1 13.4 11.2 12.4			4.0	10.4	5.4	2.7	& &
7.3 9.0 6.3 6.3 36.9 43.9 30.4 12.4		9.1		15.8	7.6	3.6	13.3
36.9 15.1 15.1 30.4 12.4		0		11.2	5.4	2.8	8.3
36.9 43.9 15.1		6.3	2.9	9.3	4.5	1.9	7.1
36.9 15.1 30.4 12.4				BED DISABILITY	ABILITY		
43.9 30.4 31.2			15.1	44.9	32.1	14.8	37.7
31.2		43.9		52.6 37.6	39.6 25.5	21.9	45.5 30.8
	s 31.2	1	12.4	38.2	34.6	15.1	40.0
0-9 10+ 10+ 10-6 10-6 10-6 10-6		35.0 28.1	14.3 10.6	45.7 34.0	43.2 30.0	9.4	48.6 35.6

classes the proportion of the total acute respiratory illnesses that were medically attended. The data are also shown by sex and age. The left section of Figure 1 gives the data for coryza, colds with head symptoms only, and the right section for colds with throat or chest symptoms. The most striking point brought out by these data is that medical attention was centered upon young persons. This was true for each class of illness, that is, coryza and colds with throat or chest symptoms among males and females in each occupational class. Persons under 10 years of age had from 4 to 6 per cent more medically-attended colds with throat or chest symptoms.

The proportion of the total cases that received medical attention was similar in the two occupational classes. As would be expected, there were more medically-attended colds with throat or chest symptoms than colds with head symptoms only. Only 3 to 11 per cent of the coryza cases received medical care whereas 17 to 37 per cent of the colds with throat or chest symptoms were medically attended.

Table 1 shows the same data as Figure 1 according to type of disability. There was a striking similarity in the proportion of medically-attended cases among males and females in the two occupational classes both for cases not confined to bed and those with bed disability. Children less than 10 years of age had more medically-attended cases in each disability group than did persons aged 10 and over. Medically-attended cases were concentrated among those with the greater degree of disability, that is, cases which were confined to bed. Approximately one-third of these cases were medically attended.

The incidence of all cases and of medically-attended cases of acute respiratory illness is shown in Tables 2 and 3 for persons in families in the professional and managerial occupational class and in the clerical, skilled, semi-skilled, and unskilled oc-

⁴ The numbers upon which these percentages are based are shown in Appendix Tables 1 and 2.

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able 2. Incidence of acute respiratory illness among persons in families in the professional and managerial occupational	classified by age.

Table ; class, clas	Table 2. Incidence of acute respiratory illness among persons in families in the professional and managerial occupational class, classified by age, sex, diagnosis, and type of disability. Pleasantville and Mt. Kisco, September to May, 1946-1949.	respiratory illness ar gnosis, and type of	nong persons in fam disability. Pleasant	ilies in the profes	sional and managerico, September to M	ial occupational Iay, 1946–1949.
	ALL DIAGNOSES	GNOSES	CORYZA—HEAD SYMPTOMS ONLY	-Head	COLDS WITH THROAT CHEST SYMPTOMS	H THROAT OR YMPTOMS
Sex And Age	Total Cases	Medically Attended Cases	Total Cases	Medically Attended Cases	Total Cases	Medically Attended Cases
			Rate Per 1,000 Population	Population		
			NO BED DISABILITY	ABILITY		
Male All Ages 0-9 10+	929.7 1,576.8 715.6	63.1 143.5 36.5	522.5 972.5 373.6	20.9 47.8 12.0	407.2 604.3 342.0	42.2 95.7 24.5
Female All Ages 0-9 10+	1,143.2 1,631.4 980.7	83.1 146.6 62.0	581.3 952.4 457.8	20.1 41.0 13.2	561.9 679.0 522.9	63.0 105.7 48.8
			BED DISABILITY	ILITY		
Male All Ages 0-9 10+	584.5 1,139.1 401.0	215.9 500.0 121.8	157.1 298.6 110.3	23.8 58.0 12.5	427.4 840.6 290.6	192.1 442.0 109.4
All Ages 0-9 10+	644.7 1,154.6 474.9	200.9 404.2 133.2	175.5 342.1 120.1	21.8 48.9 12.8	469.2 812.4 354.9	355.4 120.5

60.2 28.6 269.5 256.0 94.1 69.7 15.4 Table 3. Incidence of acute respiratory illness among persons in families in the clerical, skilled, semi-skilled, and unskilled occupational classes combined, classified by age, sex, diagnosis, and type of disability. Pleasantville and Mt. Kisco, September to May, 1946–1949. Medically Attended COLDS WITH THROAT OR Cases CHEST SYMPTOMS 27.4 35.2 105.8 128.0 527.0 264.5 524.8 251.1 506.9 592.2 192.4 Total Cases 311.6 280.8 423.0 319.5 26.0 5.7 33.9 43.7 38.9 Medically Attended Cases Rate Per 1,000 Population 12.9 13.3 13.4 CORYZA—HEAD SYMPTOMS ONLY NO BED DISABILITY 10.2 BED DISABILITY 730.5 278.9 746.5 199.8 59.0 155.6 70.8 Total Cases 466.6 88.5 378.7 90.1 294.9 100.7 94.1 35.9 313.2 64.0 95.7 21.1 Medically Attended Cases 37.6 141.4 48.1 119.1 ALL DIAGNOSES 792.0 251.4 682.6 1,253.5 ,255.3 Total Cases 9.688 370.9 408.0 690.3 Female All Ages 0-9 All Ages 0-9 10+ All Ages 0-9 All Ages 0-9 AND AGE Sex Female 10+10+

	No Bed 1	Disability	BED DI	SABILITY
Sex and Age	Total Cases	Medically Attended Cases	Total Cases	Medically Attended Cases
		Ra	tio	
Male All Ages 0-9 10+ Female	1.35 1.26 1.35	1.68 1.50 1.73	1.58 1.44 1.60	1.81 1.60 1.90
All Ages 0-9 10+	1.29 1.30 1.24	1.73 1.56 1.73	1.58 1.69 1.42	1.42 1.37 1.32

Table 4. Ratio of the incidence of acute respiratory illness among persons in families in the professional and managerial occupational class to the incidence among persons in families in the clerical, skilled, semi-skilled, and unskilled occupational classes. Pleasantville and Mt. Kisco, September to May, 1946–1949.

cupational classes, respectively.⁵ A previous report on the study of acute respiratory illness showed that the higher the occupational class the higher was the incidence of acute respiratory illness (5). It was concluded that there was no reason to believe that acute respiratory illness is selective of persons in one particular social class compared with another. Rather, it was suggested that the differences might be due to a subjective factor—family attitude toward illness.

Table 4 shows the ratio of the rates in the professional and managerial class to rates in all other occupational classes combined for all cases and for medically-attended cases of acute respiratory illness. Persons in the professional and managerial class reported from 32 to 90 per cent more medically-attended cases than persons in the other occupational classes although they reported only from 24 to 69 per cent more illness. There is no reason to believe that severe acute respiratory illness is selective of persons in the higher occupational classes. Again, it must be concluded that the differences between the two oc-

⁵ The population upon which these rates are based is shown in Appendix Table 3. Persons are counted in each year that they were observed.

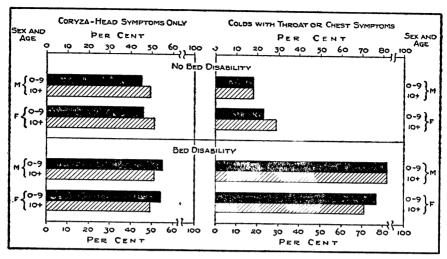


Fig. 2. Proportion of the total medically attended head colds (coryza) and of the total medically attended colds with throat or chest symptoms, classified according to those that had (1) no bed disability, and (2) those that had bed disability. Only persons in families in the professional and managerial class are included in the population. Pleasantville and Mt. Kisco, September to May, 1946–1949.

cupational classes in the incidence of medically-attended cases of acute respiratory illness may be due to family attitude toward illness.

MEDICAL CARE BY TYPE OF DISABILITY

Figure 2 and Appendix Table 4 show for each age group and sex in the professional and managerial class the proportion of the total medically-attended colds with head symptoms only and of the total medically-attended colds with throat and chest symptoms that had (1) no bed disability, and (2) bed disability. Figure 3 gives the same data for persons in the clerical, skilled, semi-skilled, and unskilled classes. The distribution of the medically-attended cases according to type of disability was similar for both occupational classes.

The left sides of Figures 2 and 3 show the distribution of medically-attended cases of coryza. Approximately 50 per cent of these cases had bed disability at some time during the illness. In both occupational classes slightly more of the medically-attended cases for persons under 10 years of age had bed dis-

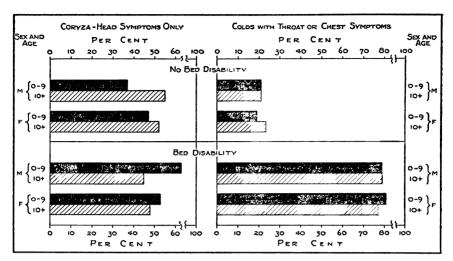


Fig. 3. Proportion of the total medically attended head colds (coryza) and of the total medically attended colds with throat or chest symptoms, classified according to those that had (1) no bed disability, and (2) those that had bed disability. Only persons in families in the clerical, skilled, semi-skilled, and unskilled class are included in the population. Pleasant-ville and Mt. Kisco, September to May, 1946–1949.

ability than did cases in persons 10 years of age and older. The right sides of Figures 2 and 3 show the same data for medically-attended colds with throat or chest symptoms. Each age group and sex was similar in the proportion of cases in the two disability groups. From 71 to 82 per cent of the medically-attended colds with throat or chest symptoms had bed disability.

MEDICAL CALLS

Table 5 and Appendix Table 5 show for each occupational class the rate of medical calls per 1,000 population per school year for acute respiratory illness by age for each sex. The rates of medical calls are further classified by the nature of the illness. The rate of medical calls was higher in the professional and managerial class than in all the other occupational classes combined. The rate of medical calls was higher for persons under 10 years of age in each diagnosis and disability class.

Bed disabling colds with throat or chest symptoms had the highest rate of medical calls. This was true for each age group and sex in both occupational classes. Bed disabling colds with

Table 5. I class of head	Octors' calls for c of household, diag	Table 5. Doctors' calls for cases of acute respiratory illness per 1,000 population, classified by age, sex, occupational class of head of household, diagnosis, and type of disability. Pleasantville and Mt. Kisco, September to May, 1946–1949.	atory illness per 1, lisability. Pleasantv	000 population, c ville and Mt. Kis	lassified by age, se co, September to M	x, occupational lay, 1946–1949.
	Profes	Professional and Managerial	GERIAL	ALL OT	ALL OTHER OCCUPATIONAL CLASSES	L CLASSES
Sex and Age	Total	Coryza—Head Symptoms Only	Colds With Throat or Chest Symptoms	Total	Coryza—Head Symptoms Only	Colds With Throat or Chest Symptoms
		Medical	Medical Calls Per 1,000 Population Per School Year	pulation Per Scho	ool Year	
			NO BED DISABILITY	SABILITY		
Male All Ages 0-9	65.9 131.9 44.1	17.3 34.8 11.5	48.6 97.1 32.6	43.6 100.5 27.5	10.7 20.1 8.0	32.9 * 80.4 19.4
f emale All Ages 0-9 10+	92.4 148.0 73.9	30.4 52.8 22.9	62.0 95.1 51.0	62.8 100.4 52.8	16.6 38.9 10.6	46.2 61.5 42.2
			BED DISABILITY	BILITY		
Male All Ages 0-9 10+	301.6 695.7 171.2	33.5 71.0 21.1	268.1 624.6 150.1	178.6 416.1 111.3	16.5 56.7 5.0	162.2 359.3 106.3
Female All Ages 0-9 10+	312.8 597.1 218.1	22.1 34.3 18.0	290.7 562.7 200.1	226.0 473.0 160.5	15.8 40.2 9.3	210.2 432.9 151.2

Table 6. Nu pational class 1946–1949.	mber of doctors of head of house	calls per medically thold, diagnosis, an	r attended case of a d type of disability	cute respiratory i . Pleasantville ar	Table 6. Number of doctors' calls per medically attended case of acute respiratory illness, classified by age, sex, occupational class of head of household, diagnosis, and type of disability. Pleasantville and Mt. Kisco, September to May, 1946–1949.	age, sex, occu- ember to May,
	PROFF	Professional and Managerial	IAGERIAL	ALL OT	ALL OTHER OCCUPATIONAL CLASSES	L CLASSES
Sex and Age	Total	Coryza—Head Symptoms Only	Colds With Throat or Chest Symptoms	Total	Coryza—Head Symptoms Only	Colds With Throat or Chest Symptoms
			Medical Calls Per Attended	er Attended Case		
			NO BED I	NO BED DISABILITY		
Male All Ages 0-9 10+	1.40 1.23 1.61	1.26 1.04 1.60	1.45 1.31 1.62	1.38 1.39 1.37	1.32 1.21 1.41	1.40 1.45 1.35
remate All Ages 0-9 10+	1.36 1.27 1.42	1.64 1.54 1.73	1.25 1.16 1.32	1.59 1.40 1.71	1.62 1.55 1.68	1.59 1.32 1.72
			BED DIS	DISABILITY		
Male All Ages 0-9 10+	1.68 1.66 1.72	1.82 1.53 2.32	1.67 1.68 1.66	1.71 1.55 1.93	1.40	1.75 1.56 1.99
Frmus All Ages 0–9 10+	1.84 1.84 1.84	1.46 1.18 1.71	1.88 1.90 1.86	1.86 1.89 1.83	1.54 1.45 1.65	1.89 1.95 1.84

throat or chest symptoms had a rate of medical calls four to five times higher than those with no bed disability and from eight to thirteen times higher than bed disabling cases of coryza.

In approximately 70 per cent of the medically-attended cases with a known number of medical calls the doctor saw the patient only once. Table 6 and Appendix Tables 5 and 6 show for each occupational class the number of calls per medically-attended case with a known number of calls by sex for each age. Illnesses are further classified according to the nature of the illness and type of disability, that is, no bed disability and bed disability. In this study medically-attended cases of acute respiratory illness received slightly more than one call per case. The duration of an illness has an influence on the amount of medical care received per case. The short duration of many acute respiratory illnesses is responsible for the average of one call per medically-attended case.

Figure 4 and Appendix Table 7 show the distribution of medically-attended cases of coryza, colds with head symptoms only, and colds with throat or chest symptoms by type of medical service received. Medical services are classified according to (1) office visits only; (2) home visits only; (3) both home and office visits; and (4) telephone calls only. The two occupational classes were similar with respect to the type of medical service received. Therefore, Figure 4 shows the data for the two occupational classes combined. The upper half of Figure 4 gives the data for colds with no bed disability and the lower half for colds with bed disability.

The type of medical service received shows a marked difference by age for cases of coryza with no bed disability. Persons aged 10 and over had a much larger proportion of office calls for cases that were not confined to bed than did persons under 10 years of age, 78 per cent and 34 per cent, respectively. Children under 10 had more than twice as many home calls as

⁶ In computing medical calls per attended case, only cases with a known number of calls were included, that is, cases in doctors' families, cases treated by telephone only, cases treated in a hospital, and cases with an unknown number of calls were excluded.

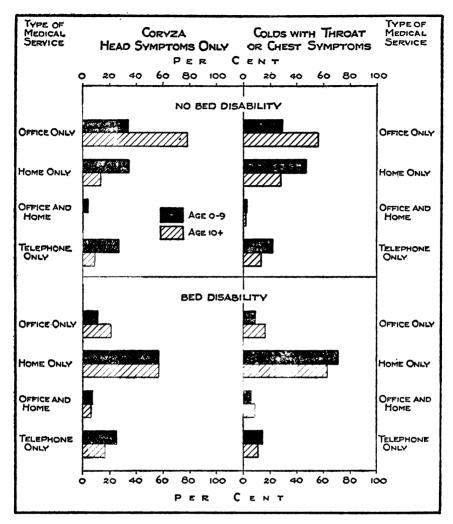


Fig. 4. Distribution of medically attended head colds (coryza) and medically attended colds with throat or chest symptoms by type of medical service received. Pleasantville and Mt. Kisco, September to May, 1946–1949.

persons 10 and over. The lower left section of Figure 4 shows the data for cases of coryza which were confined to bed. The distribution of the cases by type of medical service was similar for the two age groups. In both age groups 57 per cent of the cases had home visits only. In one-fourth of the cases in children under 10, medical advice was given by telephone calls only. This was true of each disability class.

The right side of Figure 4 shows the same data for colds with throat or chest symptoms. Persons 10 years of age and older had more office calls than persons under 10 in each disability class. Seventy-one per cent of the bed disabling colds with throat or chest symptoms among persons under 10 years of age were treated at home only compared to 63 per cent for persons aged 10 and older. The distribution of medical services by type of call was more similar for the two age groups for bed disabling illness than for cases not confined to bed.

INTERVAL BETWEEN ONSET AND MEDICAL CARE

It is of interest to see if the interval from the onset of an illness until the doctor is called is influenced in any way by occupational class, age, sex, disability, or the nature of the illness. The data were arrayed into four intervals: (1) no days, that is, the doctor was called on the day the illness started; (2) one day; (3) two to seven days; and (4) eight or more days. Occupational Class. The two occupational classes were sim-

Table 7. Distribution of medically attended cases of acute respiratory illness according to number of days between onset and medical care, classified by age and sex. Pleasantville and Mt. Kisco, September to May, 1946–1949.

Days Between		Male			FEMALE	
Onset and Medical Care	Total	Age 0–9	Age 10+	Total	Age 0–9	Age 10+
			PER	CENT		
Total 0 1 2-7 8+	100.0 28.2 22.4 34.4 15.0	100.0 30.3 22.9 31.1 15.7	100.0 25.5 21.6 38.9 14.0	100.0 24.5 20.8 37.4 17.3	100.0 26.8 22.1 34.0 17.1	100.0 22.6 19.5 40.4 17.5
			NUM	IBER		
TOTAL 0 1 2-7 8+	1,374 388 307 473 206	790 239 181 246 124	584 149 126 227 82	1,582 388 328 592 274	727 195 161 247 124	855 193 167 345 150

ilar with respect to the intervals between the onset of an illness and medical care. In both occupational classes the doctor was called on the day the illness started in approximately one-fourth of the cases. In only 16 per cent of the cases was the doctor called for the first time after the seventh day of an illness.

Age and Sex. Table 7 shows for all occupational classes combined the distribution of medically-attended cases of acute respiratory illness for each sex by age according to the number of days between the onset of the case and medical care. The intervals between onset and medical care were similar for cases among males and females by age. The intervals were markedly different between cases in the two age groups for each sex. Children under 10 years of age received medical care on the day of onset and the first day after the onset more often than did persons 10 years of age and older. This was true in each sex. In both age groups only 14 to 18 per cent of the medically-

Table 8. Distribution of medically attended cases of acute respiratory illness according to days between onset and medical care, classified by age and type of disability. Pleasantville and Mt. Kisco, September to May, 1946–1949.

DAYS BETWEEN		Age 0-9			Age 10+	
Onset and Medical Care	Total	No Bed Dis- ability	Bed Dis- ability	Total	No Bed Dis- ability	Bed Dis- ability
			PER	CENT		
Тотац 0 1 2-7 8+	100.0 28.6 22.5 32.5 16.4	100.0 23.0 17.2 37.7 22.1	100.0 30.4 24.2 30.9 14.5	100.0 23.8 20.4 39.7 16.1	100.0 16.8 15.7 45.9 21.6	100.0 26.3 22.1 37.5 14.1
			NUM	BER		
Total 0 1 2-7 8+	1,517 434 342 493 248	366 84 63 138 81	1,151 350 279 355 167	1,439 342 293 572 232	388 65 61 178 84	1,051 277 232 394 148

attended cases received medical care for the first time more than a week after the onset of the illness.

Disability. The data on the interval between onset and medical care for cases with no bed disability and cases with bed disability are shown by age for both sexes combined in Table 8. In both age groups cases with bed disability received medical care sooner than did cases which were not confined to bed. From 14 to 16 per cent more of the bed disabling cases received medical attention within one day after the onset of the case than did cases not confined to bed.

Nature of the Illness. Table 9 shows the distribution of medically-attended cases by the interval between onset and medical care classified by the nature of the illness and age. Both cases of coryza and colds with throat or chest symptoms received medical care at approximately the same intervals after the onset of the illness.

It appears from these data that the interval between the

Table 9. Distribution of medically attended cases of acute respiratory illness according to days between onset and medical care, classified by age and diagnosis. Pleasantville and Mt. Kisco, September to May, 1946–1949.

Days		Age 0-	9		Age 10-	+
BETWEEN ONSET AND MEDICAL CARE	Total	Coryza– Head Symptoms Only	Colds With Throat or Chest Symptoms	Total	Coryza— Head Symptoms Only	Colds With Throat or Chest Symptoms
			PER	CENT		
Тотац 0 1 2-7 8+	100.0 28.6 22.6 32.5 16.3	100.0 31.4 16.7 31.8 20.1	100.0 28.0 23.8 32.6 15.6	100.0 23.8 20.4 39.7 16.1	100.0 21.9 18.6 45.3 14.2	100.0 24.1 20.6 38.9 16.4
			NUM	IBER		
Тотац 0 1 2-7 8+	1,517 434 342 493 248	258 81 43 82 52	1,259 353 299 411 196	1,439 342 293 572 232	183 40 34 83 26	1,256 302 259 489 206

onset of an illness and the date of medical care may be influenced by the age of the patient and the extent of disability. Occupational class, the sex of the patient, and the nature of the illness appear to exert little influence upon when the doctor is called in relation to the onset of the illness.

SUMMARY

Every illness reported during the study of acute respiratory illness conducted in two communities in Westchester County, New York, included a record of any medical care received. Of the total illnesses reported during the three years of the study, 17 per cent received medical care.

The population was classified according to the occupational class of the head of the household, sex, and age. The illnesses were further classified by the nature of the illness and by type of disability. Thus it was possible to evaluate the influence of these factors on the incidence of medically-attended cases of acute respiratory illness.

Occupational Class. Persons in families in the professional and managerial class had an incidence of medically-attended cases of acute respiratory illness 32 to 90 per cent higher than persons in families in the other occupational classes. Their incidence of medical calls was also higher. The proportion of the total cases that received medical care was similar in the two occupational classes. The intervals between the onset of a case and medical care were similar also.

Sex and Age. There appeared to be no marked differences between the sexes in the incidence of medically-attended cases. The two age groups showed marked differences in medical care. Persons less than 10 years of age had a higher incidence of both medically-attended cases and medical calls than persons 10 years of age and older. The doctor was called more promptly for persons under 10 and they received more medical care at home than the older age group.

Nature of the Illness. From 17 to 37 per cent of the total colds with throat or chest symptoms received medical care

whereas only 3 to 11 per cent of the colds with head symptoms only were medically attended. A larger proportion of the total medically-attended cases with throat or chest symptoms were treated at home than were cases of coryza. The doctor was called at similar intervals after the onset of the illness for both coryza and cases with throat or chest symptoms.

Disability. Cases confined to bed for one or more days received more medical care than cases not confined to bed. Bed disabling cases also had a higher rate of medical calls. The doctor was called more promptly for bed disabling cases.

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An especial acknowledgment is made to the families in Pleasantville and Mt. Kisco who participated in the study.

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Appendix Table 1. Cases of acute respiratory illness classified by age, sex, occupational class of head of household, diagnosis, and type of disability. Pleasantville and Mt. Kisco, September to May, 1946–1949.

30	/	Control (first or recognized forces)	is reacted forces	co creation of	,17:	
	Profe	Professional and Managerial	IAGERIAL	ALL OT	ALL OTHER OCCUPATIONAL CLASSES	L CLASSES
Sex and Age	Total	Coryza—Head Symptoms Only	Colds With Throat or Chest Symptoms	Total	Coryza—Head Symptoms Only	Colds With Throat or Chest Symptoms
			NO BED D	NO BED DISABILITY		
Male All Ages 0-9 10+	2,580 1,088 1,492	1,450 671 779	1,130 417 713	2,643 1,062 1,581	1,450 618 832	1,193 444 749
All Ages 0-9 10+	3,465 1,235 2,230	1,762 721 1,041	1,703 514 1,189	3,386 999 2,387	1,776 595 1,181	1,610 404 1,206
			BED DIS	BED DISABILITY		
Male All Ages 0-9 10+	1,622 786 836	436 206 230	1,186 580 606	1,420 670 750	345 169 176	1,075 501 574
All Ages 0-9 10+	1,954 874 1,080	532 259 273	1,422 615 807	1,553 544 1,009	337 12 4 213	1,216 420 796

Medical Care for Acute Respiratory Illness

Appendix Ta	able 2. Madiagnosis,	edically and ty	attended cases of a pe of disability. P	ble 2. Medically attended cases of acute respiratory illness, classified by age, sex, occupational class of head iagnosis, and type of disability. Pleasantville and Mt. Kisco, September to May, 1946-1949.	ness, classified by Kisco, Septemb	age, sex, occupatio	nal class of head 949.
		PROFE	PROFESSIONAL AND MANAGERIAL	NAGERIAL	ALL OT	ALL OTHER OCCUPATIONAL CLASSES	L CLASSES
Sex and Age	Total ¹	alı	Coryza—Head Symptoms Only	Colds With Throat or Chest Symptoms	Total	Coryza—Head Symptoms Only	Colds With Throat or Chest Symptoms
				NO BED I	NO BED DISABILITY		
Male All Ages	175	9	58	711	144	39	105
10+ Female		92	25	51	63	17	
All Ages 0-9 10+	252	111	61 31 30	191 80 111	183 75 108	49 27 22	134 48 86
				BED DIS	BED DISABILITY		
<i>Male</i> All Ages	599		99	533	456	51	405
0-9 10+ Female		345 254	40 26	305 228	265 191	37 14	228 177
All Ages 0-9	609	306	66 37	543 269	538 235	51 31	487 204
+01		303	29	274	303	20	283

1 Excludes 237 cases which occurred in doctors' families.

Appendix Table 3. Population observed during three school years, classified by the occupational class of the head of the household, and by age and sex. Pleasantville and Mt. Kisco combined. September to May, 1946–1949.

Age Groups	Both Sexes	Male	FEMALE
	ALL OCC	UPATIONAL CLASS	ES ¹
ALL AGES	13,441	6,604	6,837
0–9	3,090	1,536	1,554
10+	10,3512	5,068	5,283
	PROFESSIO	NAL AND MANAG	ERIAL
All Ages	5,806	2,775	3,031
0 –9	1,447	690	757
10+	4,359	2,085	2,274
	ALL OTHER	OCCUPATIONAL C	LASSES
All Ages	7,635	3,829	3,806
0 –9	1,643	846	797
10+	5,992	2,983	3,009

¹ Excludes 978 persons in households in which the head of the household was seeking work, disabled, or retired.
² Includes 44 persons of unknown age.

Chest Symptoms 20.6 20.6 19.0 Appendix Table 4. Proportion of the total medically attended cases which had no bed disability and bed disability, classified by age, sex, occupational class of head of household, and diagnosis. Pleasantville and Mt. Kisco, September to May, 1946–1949. Colds With Throat or 79.4 79.4 ALL OTHER OCCUPATIONAL CLASSES 20.6 79.4 78.4 Coryza—Head Symptoms Only 37.3 54.8 46.6 52.4 53.4 47.6 49.0 56.7 23.4 24.8 24.2 26.3 76.6 75.2 75.8 Total BED DISABILITY 24.0 25.4 76.0 DISABILITY 74.6 Per Cent Chest Symptoms 17.8 18.3 22.9 28.8 Colds With Throat or 77.1 71.2 BED 0 PROFESSIONAL AND MANAGERIAL 18.0 26.0 82.0 74.0 Symptoms Only Coryza—Head 45.2 49.0 45.6 54.8 51.0 54.4 49.1 46.8 48.0 53.2 52.0 26.6 31.7 73.4 68.3 Total 22.6 29.3 77.4 70.7 SEX AND AGE Male
All Ages
0-9
10+
Female
All Ages
0-9
10+
10+
10+
10+ Male All Ages 0-9 10+ Female All Ages

Appendix Tses, occupation May, 1946–194	ible 5. Number al class of head 9.	Appendix Table 5. Number of medical calls for medically attended cases of acute respiratory illness, classified by age, sex, occupational class of head of household, diagnosis, and type of disability. Pleasantville and Mt. Kisco, September to May, 1946–1949.	medically attended losis, and type of di	cases of acute resability. Pleasant	spiratory illness, cl ville and Mt. Kisco	lassified by age, o, September to
	Prof	Professional and Managerial	IAGERIAL	ALL OT	ALL OTHER OCCUPATIONAL CLASSES	L CLASSES
Sex and Age	Total ¹	Coryza—Head Symptoms Only	Colds With Throat or Chest Symptoms	Total	Coryza—Head Symptoms Only	Colds With Throat or Chest Symptoms
			NO BED D	NO BED DISABILITY		
Male All Ages 0-9 10+	183 91 92	48 24 24	135 67 68	167 85 82	41 17 24	126 68 58
Female All Ages 0-9 10+	280 112 168	92 40 52	188 72 116	239 80 159	63 31 32	176 49 127
			BED DI	BED DISABILITY		
<i>Male</i> All Ages 0-9 10+	837 480 357	93 49 44	744 431 313	684 352 332	63 48 15	621 304 317
$Female \\ All Ages \\ 0-9 \\ 10+$	948 452 496	67 26 41	881 426 455	860 377 483	60 32 28	800 345 455
1 Frainder 247	Cases in doctors' families	families.				

1 Excludes 237 cases in doctors' families.

Appendix Ta of household, c	able 6. Medicall diagnosis, and t	ly attended cases of type of disability. P	able 6. Medically attended cases of acute respiratory illness, classified by age, sex, occupational class of head diagnosis, and type of disability. Pleasantville and Mt. Kisco, September to May, 1946–1949.	less, classified by Kisco, Septembe	age, sex, occupatio er to May, 1946-19	nal class of head 349.1
	Prof	Professional and Managerial	NAGERIAL	ALL OT	ALL OTHER OCCUPATIONAL CLASSES	L CLASSES
Sex and Age	Total	Coryza—Head Symptoms Only	Colds With Throat or Chest Symptoms	Total	Coryza—Head Symptoms Only	Colds With Throat or Chest Symptoms
			NO BED DISABILITY	SABILITY		
Male All Ages 0-9 10+	131 74 57	38 23 15	93 51 42	121 60 60	31 14 17	90 47
remale All Ages 0-9 10+	206 88 118	56 26 30	150 62 88	150 57 93	39 20 19	37 74
			BED DISABILITY	ABILITY		
Male All Ages 0-9 10+	497 289 208	51 32 19	446 257 189	399 227 172	45 32 13	354 195 159
All Ages 0-9 10+	515 246 269	46 22 24	469 224 245	463 199 264	39 22 17	424 177 247

¹ Excludes 237 cases in doctors' families, 430 cases for which only medical care was a telephone call, 36 cases for which the total calls were unknown, and 8 cases for which all medical care was in a hospital.

	Age 0-9					
Type of Medical Call	All Diagnoses	Coryza— Head Symptoms Only	Colds With Throat or Chest Symptoms	All Diagnoses	Coryza— Head Symptoms Only	Colds With Throat or Chest Symptoms
		Pro	fessional and	Managerial	Class	
	NO CONFINEMENT TO BED					
TOTAL Office Only Home Only Home and Office Telephone Only	209 65 95 2 47	64 25 23 1 15	145 40 72 1 32	205 123 48 4 30	50 35 10 0 5	155 88 38 4 25
			CONFINEME	NT TO BED		
TOTAL Office Only Home Only Home and Office Telephone Only	646 53 445 37 111	75 8 41 5 21	571 45 404 32 90	547 89 344 43 71	53 12 28 2 11	494 77 316 41 60
	All Other Occupational Classes					
	NO CONFINEMENT TO BED					
TOTAL Office Only Home Only Home and Office Telephone Only	156 48 64 6 38	49 14 17 3 15	107 34 47 3 23	169 106 44 3 16	39 34 2 0 3	130 72 42 3 13
	CONFINEMENT TO BED					
TOTAL Office Only Home Only Home and Office Telephone Only	494 51 346 29 68	68 8 41 5	426 43 305 24 54	485 83 304 49 49	33 6 21 3 3	452 77 283 46 46

Appendix Table 7. Type of medical service for medically attended cases of acute respiratory illness, classified by age and occupation of head of household, and by diagnosis and type of disability of the case. Pleasantville and Mt. Kisco, September to May, 1946–1949.