

OLD AGE IN NEW YORK CITY¹

A FEW compact tables in the appendix of this report disclose the cardinal facts that set the stage for the study. There were, in New York City in 1940, 414,419 persons 65 years of age or older. There were less than half that many ten years earlier in the same territory. The increase in the oldest age group, moreover, is relatively far greater than that of the group nearer 65. The number of persons 75 years and over rose by 73 per cent from 1930 to 1940, in contrast to a rise of just under 50 per cent for those 65-69 years of age. And as any demographer would have guessed, women outlive and out-age the men in this group as they do in general. To the student of population movements, this is not surprising; the citizen at large has had some inkling of it. The aged themselves, some pioneers in social planning, and a few statesmen and political leaders discovered this trend some years ago, hence the old age assistance and old age insurance laws on the Federal statutes. Apparently least responsive, and certainly least effective in meeting the changing situation of aged persons have been the various types of institutions designed to cater to their needs. The present study is one of a series of attempts from many directions to bring home to these institutions and to their supporting public that, while they can do nothing to stop, or change, the trend of an aging population, they can and should do something about assuring them decent, satisfying, and civilized conditions.

What happens to these 400,000-odd persons 65 years and over? The more important phases of this question are do they make a living, are they well, are they happy, are they socially useful. Some tentative answers only can be offered by the data quoted or discovered in the study. Some 67,000 of the 414,000-odd, or over 16 per cent of the total, are not self-supporting — others may not be. Of those depending on outside assistance, roughly 18 per cent are cared for in the traditional way, in institutions for the aged — mostly under voluntary rather than public auspices (9,000 out of 12,000). The bulk are recipients of public old age assistance and live in the community. The study undertaken by the Welfare Council, and analyzed by Mrs. Brunot offers a modest contribution of facts, but a very substantial indication of the direction in which more study and particularly more work must be planned. The study

¹ Brunot, Helen Hardy: *OLD AGE IN NEW YORK CITY*. New York, Welfare Council of New York City, 126 pp.

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?

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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.