## TRENDS OF AGE AT DEATH FROM TUBERCULOSIS

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STATISTICS on deaths from tuberculosis are no longer regarded as the best available single index of the tuberculosis control problem. Nationwide statistics on newly reported active cases have been available since 1952, and data on infection and morbidity have generally been regarded as more useful for a variety of purposes than have data on mortality. To show the changed importance of tuberculosis as a killer, however, nothing can substitute for death statistics. For example, the median age at death from tuberculosis in the U.S. Registration Area was 33 years in 1910. Median age at death from tuberculosis increased to 61.5 years in 1962 and was only 8 years short of life expectancy at birth for 1962.

Although the trend toward increasing age at death from tuberculosis continues, tuberculosis still exerts a life-shortening effect. There are many ways of assessing the life-shortening or lengthening effects of various diseases. For tuberculosis mortality, the differences are still great enough to be perceived by comparing the median age at death with current life expectancy. By 1962 deaths from tuberculosis were so small a part of the total deaths (about onethird of 1 percent) that comparison could be made without subtracting tuberculosis deaths from the total.

In 1947 Dempsey (1), of the National Tuberculosis Association, published an article in the American Review of Tuberculosis entitled "Decline in Tuberculosis: The death rate fails to tell the entire story." In it she showed that deaths from tuberculosis occurred at an earlier age than deaths from either cancer or heart

Mr. Trauger is associate director of the epidemiology and statistics division, National Tuberculosis Association, New York City. disease, despite the fact that the median age at death from tuberculosis was increasing.

This brief note adds to the Dempsey study to the extent that data on deaths since 1944 permit. In table 1 the data for 1924, 1934, and 1944 are repeated from the 1947 article by Dempsey. The median age at death in 1962 is almost double that for 1924 in all sex-color classifications. When the deaths from tuberculosis in 1962 are

Table 1.	Median age at death from tubercu-
losis in	the United States, by sex and color,
at inter	vals 1924 through 1962

Sex and color	$\mathbf{Median}\mathbf{age}\mathbf{at}\mathbf{death}\mathbf{from}\mathbf{tuberculosis}$				
	1962	1954	1944	1934	1924
All groups	61. 5	56. 3	43. 0	37. 9	33. 3
White Male	64. 5 64. 9	59. 6 60. 6	47. 1 50. 4	41. 7 45. 0	35. 0 38. 8
Female	62.5	54.7	37.7	35.8	30.8
Nonwhite	54.8	46.4	32.9	30. 0	28.0
Male	57.3	50.6	37.7	33.4	30. 2
Female	47.6	38.2	28.4	27.3	26.1

Table 2. Median age at death from tuberculosis in the United States and expectation of life at age 1, by sex and color, 1962

Sex and color	Percent of life expect- ancy attained	Median age at death from tubercu- losis	Expecta- tion of life at age 1
All groups	86. 9	61. 5	70. 8
White Male Female Nonwhite Male Female	90. 2 94. 9 83. 4 83. 3 90. 4 69. 7	64. 5 64. 9 62. 5 54. 8 57. 3 47. 6	71.568.474.965.863.468.3

compared with expectation of life at age 1, a comparative disadvantage is shown for women. For white men, the life-shortening effect of tuberculosis is on the order of 5 percent; for nonwhite women, it is on the order of 30 percent. The nonwhite woman dies of tuberculosis 15 years earlier than the white woman (table 2).

The race-sex variations noted raise interest-

ing questions. Is tuberculosis more lethal in some groups than others or is therapy less effective or does uneven administration of tuberculosis control account for observed differences?

## REFERENCE

 Dempsey, M.: Decline in tuberculosis: the death rate fails to tell the entire story. Amer Rev Tuberc 56: 157-164, August 1947.

## **National Library of Medicine Bibliographies**

The National Library of Medicine is initiating, on an experimental basis, a monthly alerting service to acquaint the biomedical community with the availability of bibilographies considered by the Library to be of interest to a wider audience of physicians and scientists than those for whom these bibliographies were originally prepared. These bibliographies may be obtained (request by number) from the National Library of Medicine, 8600 Rockville Pike, Bethesda, Md., 20014.

1. Anterior pituitary insufficiency due to postpartum necrosis, 1949-65. June 1965. 77 citations.

2. Dimethyl sulfoxide (DMSO), 1962-65. June 1965. 47 citations.

3. Maternal mortality and complications of cesarean section, 1952–65. June 1965. 24 citations.

4. Maternal stress upon the fetus, experimental and clinical studies, 1946-64. June 1965. 52 citations.

5. Open wards in psychiatric hospitals in relation to suicide and aggressive behavior, 1955–65. June 1965. 25 citations.

6. Abortion and mental disorders. Mid-1963–June 1965. 75 citations.

7. Amniocentesis and erythroblastosis. Mid-1963–June 1965. 38 citations in English.

8. Biomedical applications of lasers. Mid-1963–June 1965. 107 citations. 9. Chromosome studies in human leukemia. Mid-1963-June 1965. 140 citations.

10. Hyperbaric oxygenation. July 1964–June 1965. 256 citations.

11. Mycoplasma or pleuropneumonia-like organisms. Mid-1963-June 1965. 202 citations in English.

12. Streptococcal infections and glomerulonephritis. Mid-1963-June 1965. 50 citations.

13. Toxicology of silicone plastics. Mid-1963– June 1965. 27 citations in English.

14. Amnioscopy. Mid-1963-July 1965. 5 citations.

15. Battered child syndrome. Mid-1963–July 1965. 78 citations.

16. Effects of the working situation on the pregnant woman. A selected list of Englishlanguage references, 1946-62. 44 citations.

17. Hypocalcemic hormonal factors and calcium metabolism. Mid-1963-July 1965. 121 citations.

18. Maternal rubella and embryopathy, the fetus, and newborn. Mid-1963-July 1965. 74 citations.

19. Nitric oxide and bitrogen dioxide toxicology in humans. Mid-1963-July 1965. 37 citations.

20. Snake bite therapy. Mid-1963-July 1965. 84 citations.

21. Ultraviolet effects on microorganism genetics. Mid-1963-July 1965. 107 citations.