

DEPARTMENT OF COMMERCE AND LABOR
BUREAU OF THE CENSUS
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MORTALITY STATISTICS: 1909

DEATHS * CAUSES OF DEATH * COM-
PARISONS WITH 1908 * DEATHS OF
INFANTS AND YOUNG CHILDREN *
OCCUPATIONAL MORTALITY



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decrease of 105. Among the large cities, Chicago showed the maximum increase in the number of deaths (474), followed by New York (252) and St. Louis (156). One-third of the cities in this group showed fewer deaths from heart disease in 1909 than in 1908, the maximum decrease being for Louisville (67).

PNEUMONIA (ALL FORMS).

Pneumonia, in the aggregate, caused more deaths in the registration area than any other disease except tuberculosis. As shown in Table 7, the number of deaths compiled from this cause increased from 61,259 for 1908 to 70,033 for 1909, the latter number being only seven less than the number of deaths from tuberculosis of the lungs (70,040). The death rate from all forms of pneumonia increased from 136 per 100,000 estimated population for 1908 to 143.6 for 1909, but the rates for both of the past two years were lower than for any previous year of the decade.

"Pneumonia" is a composite term in its statistical use, made up of about three-tenths bronchopneumonia and seven-tenths lobar and unqualified pneumonia, as shown by the proportions for 1909. A considerable part of the latter element is presumably bronchopneumonia, not definitely specified as such, and some cases of hypostatic or terminal pneumonia may be included, although when "pneumonia" is reported as a mere sequel or terminal condition of another disease the death is compiled under the primary cause. Thus "typhoid pneumonia," a most objectionable term, when equivalent to pneumonic typhoid, is compiled under typhoid fever. Nevertheless, the two groups show very distinct differences in age distribution, the average and median ages of deaths from bronchopneumonia in the registration area, 1908, being 18.4 and 1.5 years, respectively, and of pneumonia (lobar and unqualified) 36.7 and 38.7 years, respectively. Bronchopneumonia is a disease of young children, often following acute infectious diseases which fail to be returned as the primary causes, and of the aged; lobar pneumonia has a more nearly uniform distribution throughout life.

In Table 8 the absolute increase or decrease for the gross number of deaths from pneumonia may be seen for the principal subdivisions of the registration area, the registration states, and the cities with a population of 100,000 or over in 1900. A large increase in the number of deaths from this cause appears for New York (1,982) and considerable increases for Pennsylvania (794), New Jersey (550), Massachusetts (404), Indiana (320), and Maryland (244). Only three of the seventeen registration states for which comparisons can be made showed fewer deaths for 1909 than for 1908, and the only state reporting a considerable decrease was California (242). Of the 36 registration cities of over 100,000 inhabitants only 11 showed a diminution in

deaths from pneumonia, Philadelphia leading with a decrease of 122 and San Francisco following with a decrease of 104. The cities showing the largest increases in deaths from pneumonia were New York (1,524), Chicago (1,202), Baltimore (163), St. Louis (115), and Newark (113).

DIARRHEA AND ENTERITIS.

An unusually favorable year in respect to infantile mortality is indicated by the low death rate from diarrhea and enteritis, which was only 107.7 per 100,000 estimated population for 1909 as compared with 116 for the preceding year. The number of deaths slightly increased (303), owing to augmentation of the registration area, the numbers for 1908 and 1909 being 52,213 and 52,516, respectively. Of the number returned for 1909, 44,648 were of infants under 2 years of age, and 7,868 were of persons aged 2 years and over. The death rate for infants under 2 years (91.5), compared with the total estimated population at all ages for 1909, was lower than for any recent year shown in Table 7, although slightly in excess of the rate for the quinquennial period 1901 to 1905 (89.4). Such comparisons are, of course, not as satisfactory as rates based upon population of the age affected or upon total births, data for which are not available. They may serve to show, however, the general importance of this disease, whose incidence is chiefly upon infants under 2 years of age, as affecting the general death rate, and also indicate the variations in infant mortality from this cause from year to year.

That the year 1909 was more favorable than 1908 with respect to diarrheal diseases of infancy throughout the country is indicated by the few states and cities in Table 8 that show any considerable increase of deaths from this cause. Only Indiana (266) and Washington (140) among the states, and Cleveland (134) among the cities, exceeded the number shown for 1908 by as many as 100 deaths, while the decreases in excess of this limit were more numerous: New York (1,278), Pennsylvania (506), Michigan (451), Maine (253), New Jersey (185), and the cities of New York (827), New Orleans (145), and Pittsburg (123).

NEPHRITIS AND BRIGHT'S DISEASE.

About one-tenth of the deaths thus compiled are due to acute nephritis, many of which should properly be chargeable to acute infectious diseases. For the most part, however, deaths from nephritis and chronic Bright's disease belong to the class of degenerative diseases, whose incidence is chiefly upon the later periods of life. The average age of persons dying in the registration area from acute nephritis was, for 1908, 38.3 years, and from Bright's disease, which term includes chronic nephritis and "nephritis," returned without qualification, 57.7 years.