MAP I

TUBERCULOSIS NEW CASE RATES, 1966

Tri-State New York Metropolitan Region

The tuberculosis new case rate in the New York Metropolitan Region is highest in the counties in close proximity to Manhattan. Through the year 1966, New York County (Manhattan) remained the hotbed of tuberculosis incidence. In addition, the Bronx and Kings County (Brooklyn) in New York State and Hudson, Essex and Passaic Counties in New Jersey had tuberculosis problems of very large magnitude.

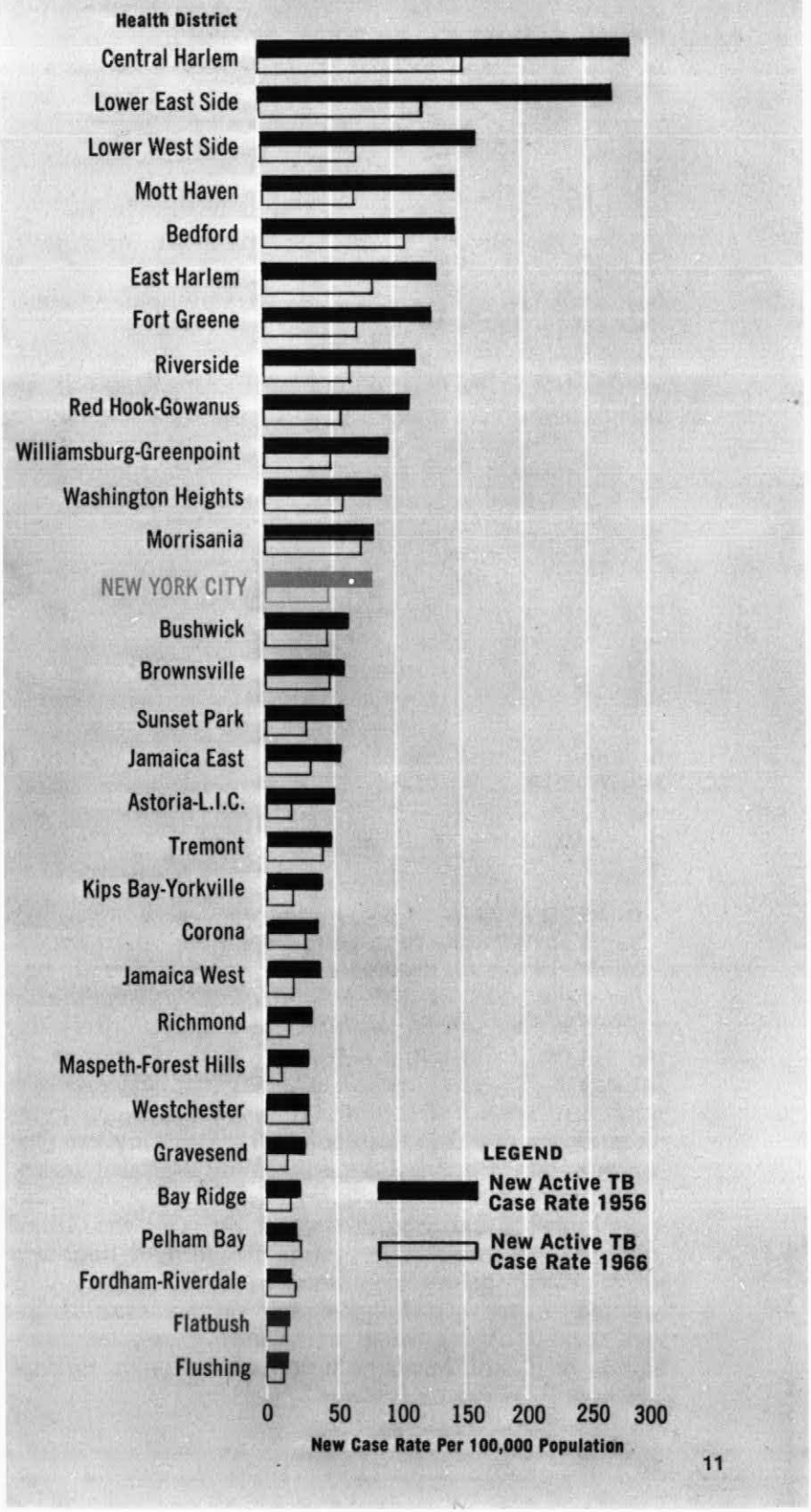
LEGEND

Rate per 100,000 population

- 0-9
- 10-29
- 30-49
- 50+

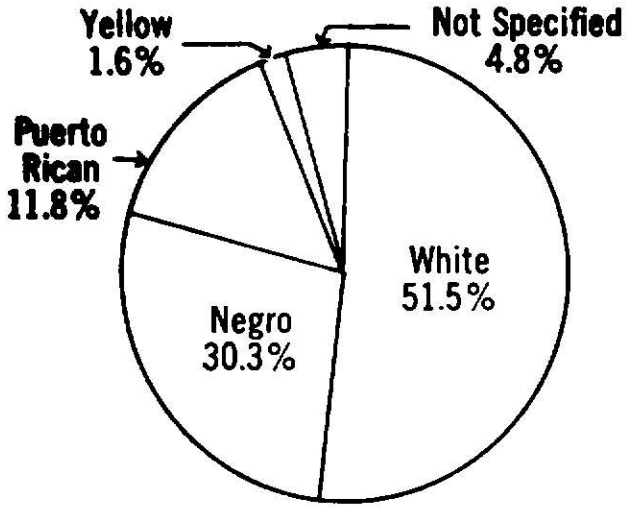
(Base map through courtesy of the Regional Plan Association)

NEW ACTIVE TUBERCULOSIS CASE RATES
(PER 100,000 POPULATION)
By Health Center Districts
New York City, 1956 and 1966

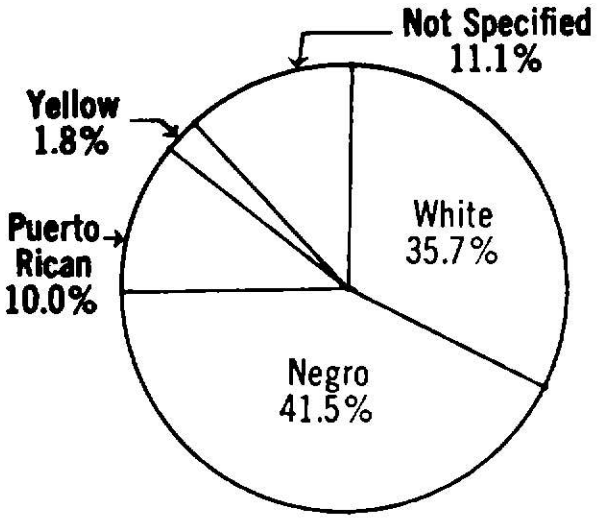


NEWLY REPORTED ACTIVE TUBERCULOSIS CASES AND RATES BY ETHNIC GROUP
New York City, 1956 and 1966

Percentage of New Active Tuberculosis Cases by Ethnic Group

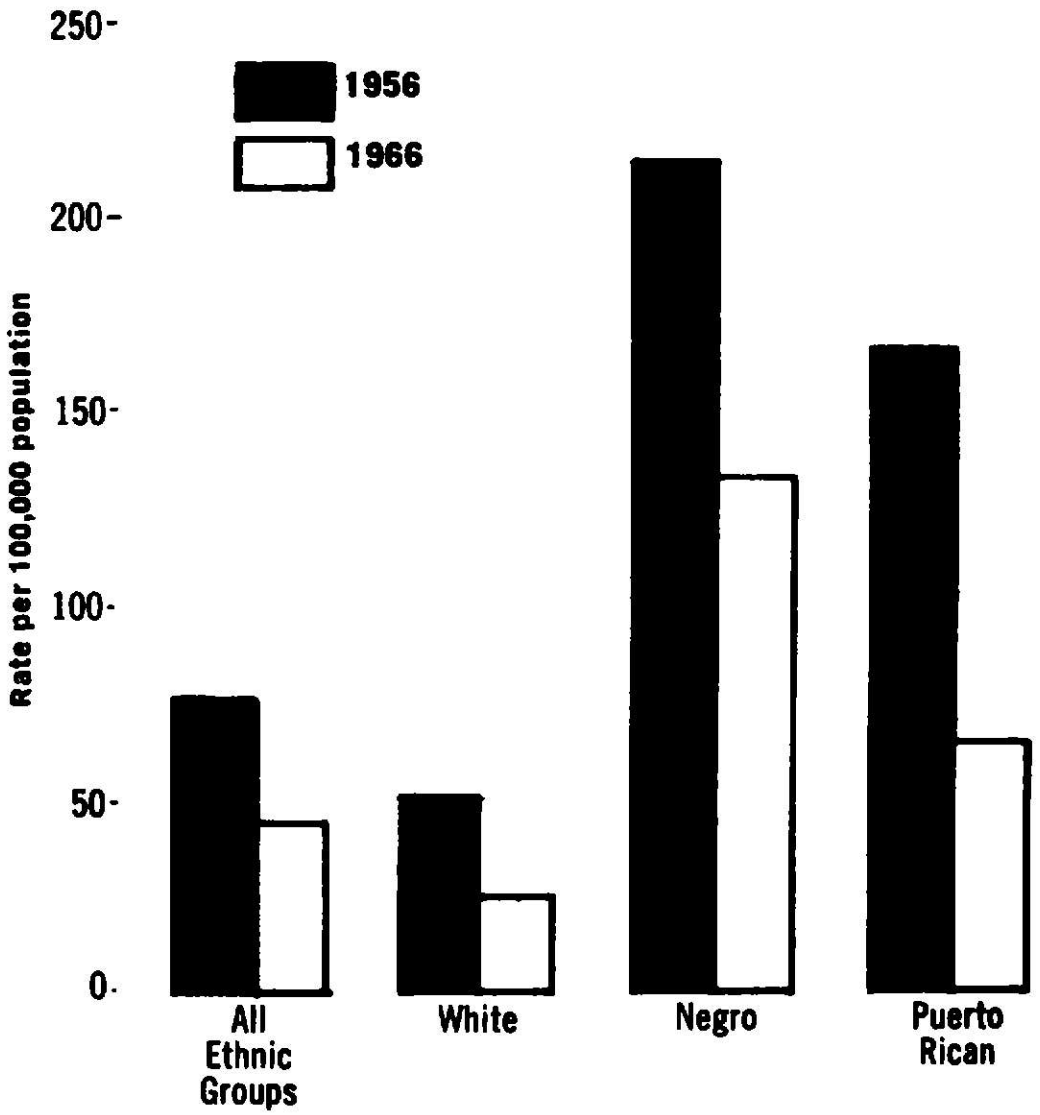


1956 — 6,137 cases



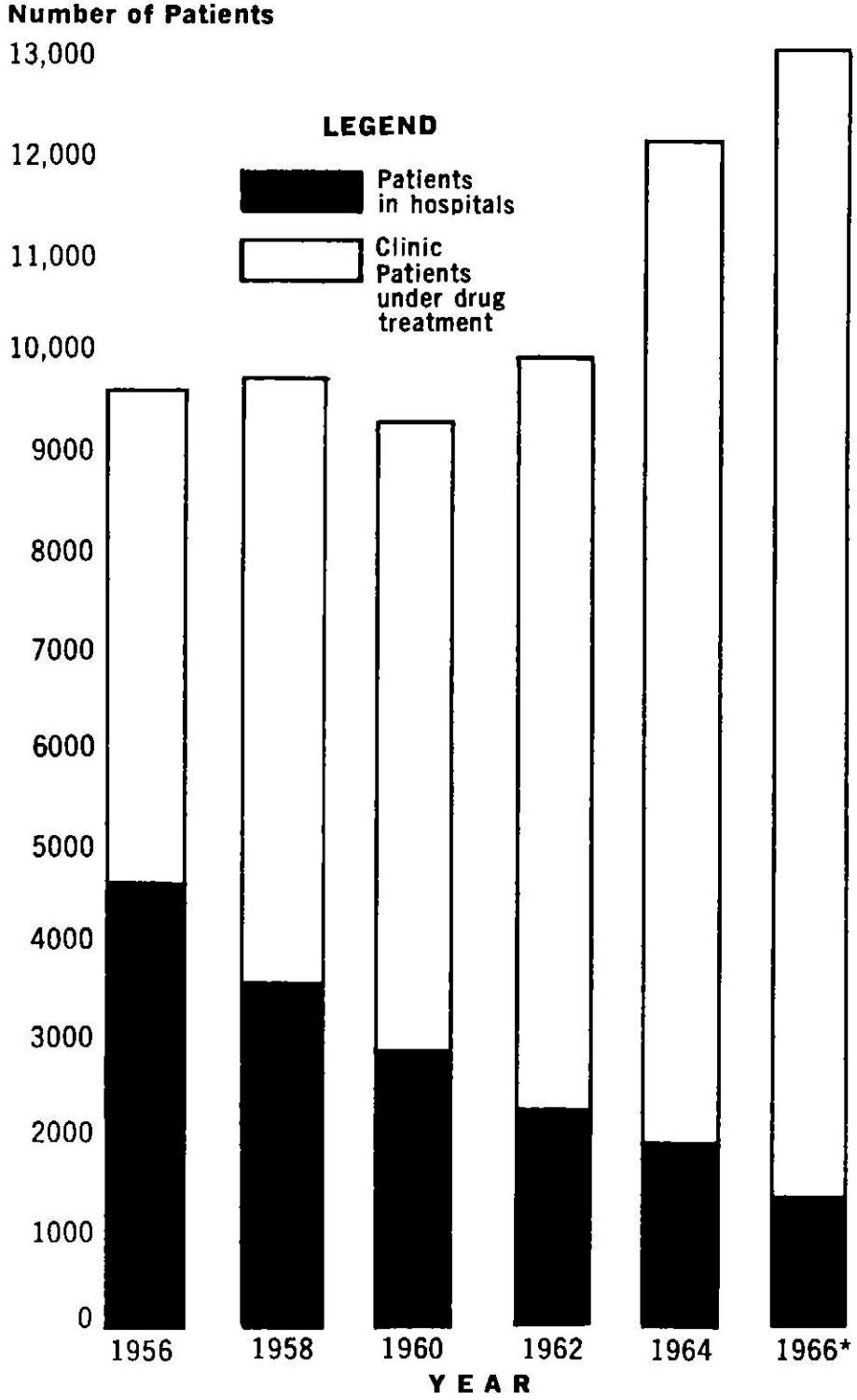
1966 — 3,663 cases

New Active Tuberculosis Case Rate (Per 100,000 Population) by Ethnic Group



TUBERCULOSIS PATIENTS UNDER ANTI-BACTERIAL DRUG TREATMENT IN HEALTH DEPARTMENT CLINICS AND TUBERCULOSIS PATIENTS IN HOSPITALS ON DECEMBER 31 OF THE YEAR

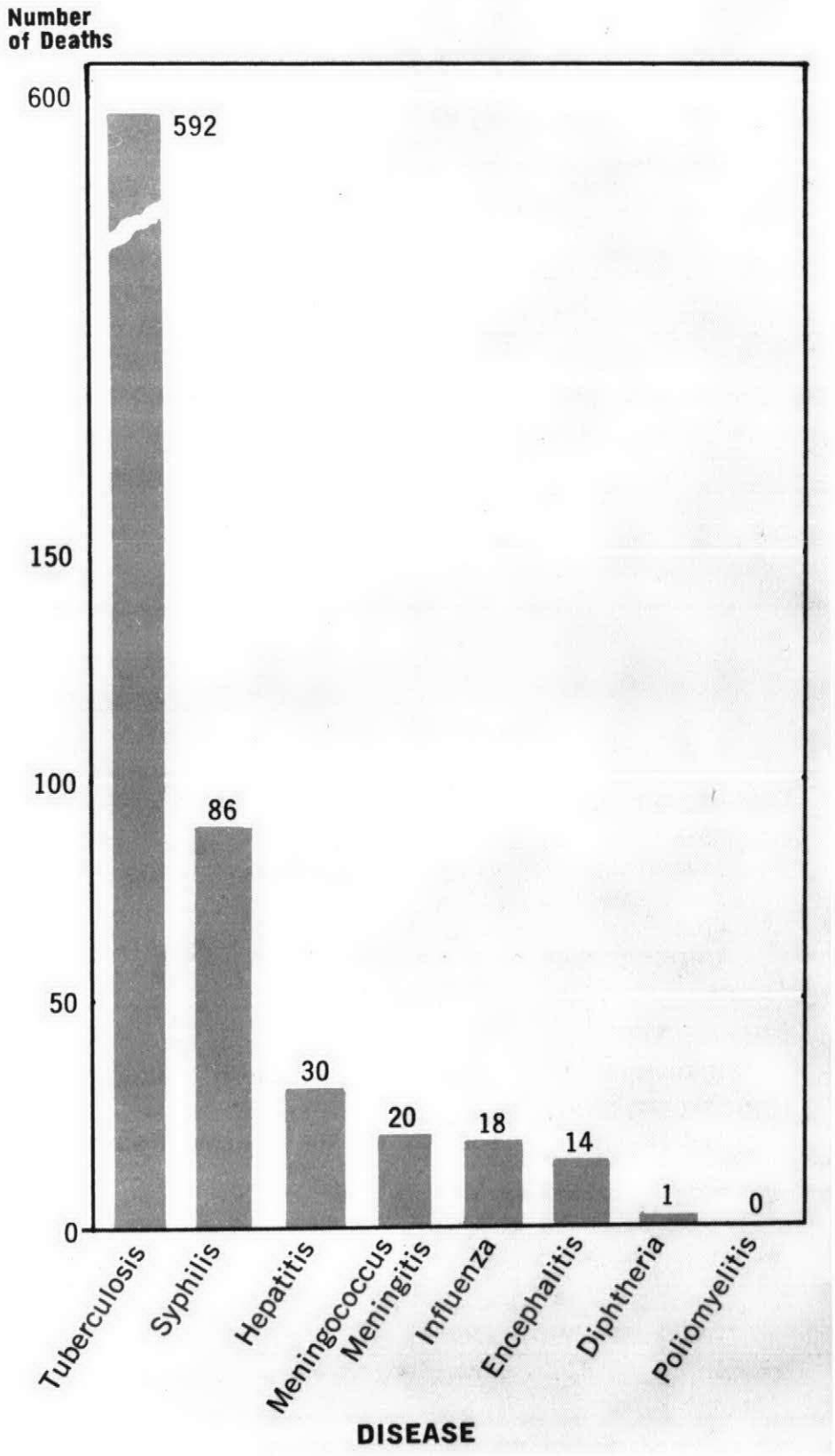
New York City, Alternate Years 1956-1966



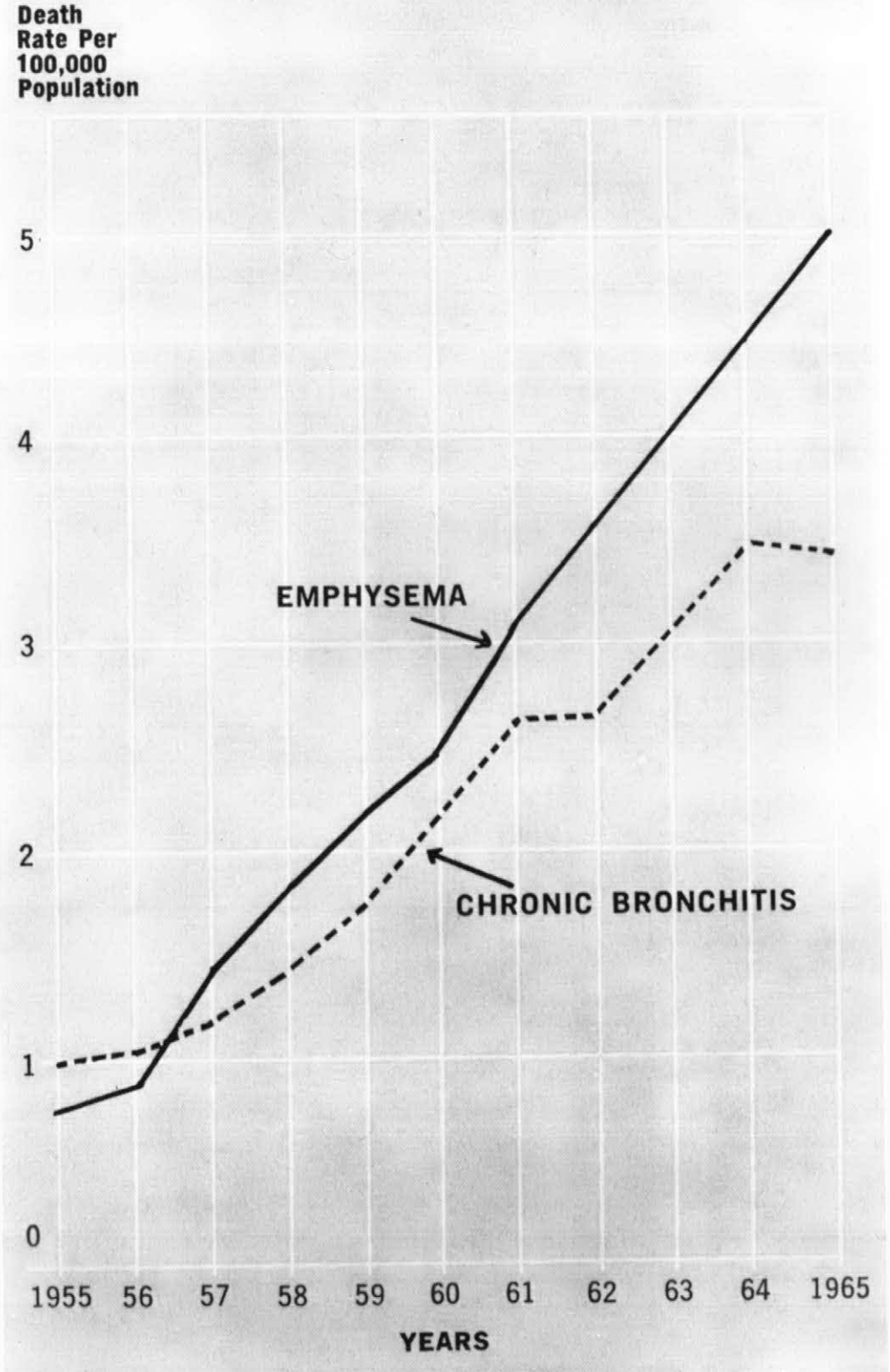
* The census figures shown above for 1966 were recorded as of March 31, 1967.

MORTALITY FROM EIGHT COMMUNICABLE DISEASES

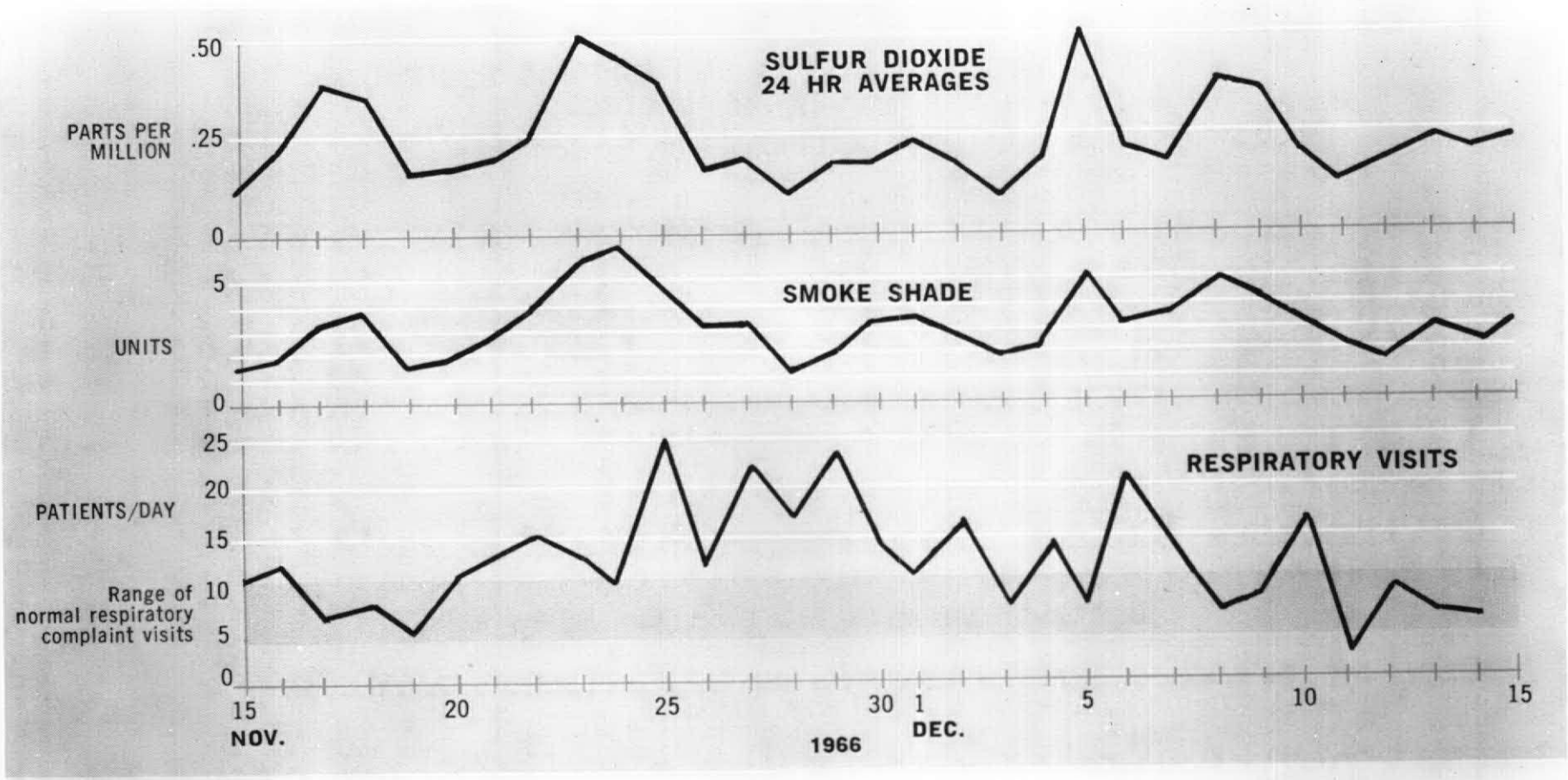
New York City, 1965



MORTALITY RATE
FOR CHRONIC BRONCHITIS* AND EMPHYSEMA
New York City, 1955-1965



* Deaths from acute bronchitis are not included.



THANKSGIVING DAY, 1966 . . . *this chart shows the number of patients with complaints of respiratory symptoms, who appeared in the emergency room at St. Vincent's Hospital (Manhattan) from November 15 to December 15. It also shows the amount of sulfur dioxide in the air (parts per million) and the smoke shade (suspended fine particles in the air) for a similar period. The average number of visits by such patients to the emergency room at St. Vincent's Hospital is 8 per day and the usual range is from 5 to 11. The large amounts of sulfur dioxide and suspended fine particles in the air on November 23 and on Thanksgiving Day, November 24, appear closely associated with the rise in visits for respiratory reasons the following week. Similarly, the high concentrations of sulfur dioxide in the air on December 4 and suspended fine particles in the air on December 5 seem to be associated with the relatively high number of respiratory visits on December 6 and December 7. Sulfur dioxide and smoke shade readings were taken at the Central Park monitoring station of the New York City Department of Air Pollution Control.*