# *This Issue of the Journal of Urban Health*

In this issue we offer papers on a variety of concerns, ranging from the financial to the philosophical. The broad scope of content evident in this issue, and indeed, in virtually all issues of the *Bulletin*, reflects the complex set of problems that confronts health-care practitioners in the urban milieu.

In the lead paper, Sturman and colleagues document a serious problem in New York State: the decline in research dollars coming into the state, and thus, to its cities. They note that New York State, once the nation's leader in biomedical research, has seen its share of research funding from the National Institutes of Health (NIH) diminish markedly in the past several years, even as NIH funding for biomedical research in the United States has increased more than 200% since 1981. In their commentary, Rowe and Barondess reflect on this concern. They suggest some remedies, but warn that a sustained commitment to excellence, which includes providing the financial resources necessary to pursue it, must be made by New York City and New York State.

A major concern in urban health is the supply of physicians and other health-care personnel in service. This concern is a serious one in many cities, notably in the inner cities, and has implications for the training of physicians and other personnel to serve in such areas. Perez and her colleagues at St. Vincent's Hospital and Medical Center in New York City, where the residency training program emphasizes community-based care of the underserved, examine several factors that affect medical school graduates' selection of residency training programs in community medicine and internal medicine, and that confirm or confound the decision of the residents to remain in such programs and in subsequent practice. They note the importance of committed role models in

both facets of their investigation, and comment that both the character and the content of a residency training program are significant influencing factors on future career choices.

Injuries remain the leading cause of death and disability among children and young adults. Bijur and her colleagues used data from the New York State Department of Health's "Statewide Program and Research Cooperative System" (SPARCS), a uniform hospital discharge reporting system, to examine New York City's experience from 1990 to 1992. Age, gender, ethnicity, and area of the city all had a marked influence on rates of hospitalized injuries. Compared to the rest of New York State, New York City had almost four times the rate of hospitalization for assault-related injuries, but only half the rate of hospitalization for motor vehicle-related injuries. Falls were the most common cause of injury and occurred predominantly in the young and elderly. Surprisingly, rates of hospitalization for falls increased over the 3 years that data were collected, while injuries related to assaults decreased 19% over the same period. This study demonstrates the usefulness of a systematic hospital discharge data system, and the need for such information if appropriate prevention strategies are to be developed.

Perloff and colleagues offer another facet of the use of data: they compare prenatal care use as measured by two indexes, the Kessner Index (KI) and the Adequacy of Prenatal Care Utilization Index (APNCUI). They report differences in prenatal care according to the index used, noting that the APNCUI detected some dimensions of prenatal care use that the KI did not.

Rao and colleagues have studied one of the most common manifestations of childhood injury: child pedestrians who are struck by motor vehicles. That children may be struck by cars as they walk to and from school is hardly surprising; the authors report, however, that prevention may be less a matter of educating children as to the dangers of traffic than creating environmental conditions wherein the risk of injury from traffic is reduced. They note, not surprisingly, that injuries are less frequent among children whose parents own cars and use them to drive their children to and from school; such children are exposed less often to the

hazards faced by child pedestrians. They suggest that simple measures, such as increasing the number of supervised crossings or planning routes that reduce the number of busy intersections that must be crossed, are necessary to reduce hazards, and thus reduce the risks that lead to injuries.

Street children are a problem in all urban areas of the world. Ms. Damodaran, who has worked for many years with street children in India, offers a thoughtful and sympathetic view of this problem. In India, some interesting institutional programs are making some impact on the lives of these unfortunate children. The author's compassionate personal insights suggest that prejudgements ought not to be made and that continued research on this problem is needed, both in the United States and abroad. The *Bulletin* has published articles on this topic in the past; one of them (*Bull NY Acad Med.* 1993;70:146–170) was co-authored by Dr. Philip Brickner, Chairman of the Department of Community Medicine at St. Vincent's Hospital and Medical Center and a collaborator on a paper offered in this issue.

Conover and her colleagues present an interesting paper that touches on the problem of securing valid, reliable data on the effectiveness of public health interventions designed for elusive urban populations such as the homeless, street drug users, and illegal immigrants. Research, notably longitudinal research, has been hampered by poor follow-up rates. The authors describe follow-up methods used in two randomized clinical trials among homeless men with mental illness; they note that the trials achieved virtually complete follow-up over an 18-month period. The ethnographic approach to follow-up used in these trials is described as it applies to training interviewers, tracking participants, administering a central office, and conducting assessments. Although the method described is labor-intensive and is not required for many longitudinal applications, as the authors note, it does offer food for thought. A few data, collected thoroughly, may provide insights that large-scale data cannot, if only because the latter data often are impossible to gather.

One of the wrenching ethical issues of the day is physician-

assisted suicide. Strong ethical arguments can be—and have been—made for and against legalizing the practice. This issue of the *Bulletin* offers thoughtful, yet passionate, statements of both positions: that of the New York Academy of Medicine, in opposition (although not all members will agree), as expressed by its President, Dr. Barondess; and that of Dr. Timothy Quill, an articulate spokesperson in favor of legalization. I believe that this issue requires full debate. I welcome thoughtful letters on the topic, for future publication.

This issue's Classic Paper retrospective is from our own journal (*Bull NY Acad Med.* 1952;28(5):321–334). The paper by Rammelkamp and colleagues reported data from a number of studies and finally cemented the link between streptococcal infections and rheumatic fever. The incidence rates for both declined subsequently and many of us thought that the problem was solved. In his commentary, however, Denny, one of the authors of the 1952 paper, points out that the recent increase in the incidence of both streptococcal infections and rheumatic raise the issue again. Medicine has its cycles.

In our History of Medicine section, Quest reviews the origins of the College of Physicians and Surgeons in New York City. The paper outlines the parlous state of medical education in the 18th century and describes those pioneers who saw the need for a university affiliation and a teaching hospital as the basis for a good medical school. Fortunately, medical faculty today need to cope only with managed care, not with a riotous public bent on ransacking their homes. The fact that the College of Physicians and Surgeons was affiliated originally with the New York Hospital is an interesting background to the merger of that hospital with Presbyterian Hospital.

In History of Medicine we also present a note about the recent history and current status of the New York Society of Forensic Sciences. The Society and its programs will be of interest to a broader audience than in the past, now that has joined with the Society of Medical Jurisprudence.

Finally, we offer our Urban Health Data section. The informa-

tion presented in this issue documents briefly a noticeable and, it is to be hoped, continuing decrease in AIDS cases in New York City.

THE EDITOR