

Healthy Numbers

Historical Perspective on Quantitative Analysis in Health

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Why study history?

- ◆ It is more important to make history than write or read it- D. D. Kosambi
(TIFR Math professor, statistician , Marxist, historian)
- ◆ Those who cannot learn from history are doomed to repeat it.
- ◆ Many remarkable examples of quantitative arguments leading to significant medical insights
- ◆ Some contemporary cases too are given.

Basic tools of Statistics

- ◆ Simple arithmetic
- ◆ Summary of data
- ◆ Graphs and charts

William Harvey



1 April 1578- 3 June 1657

Blood circulation

- ◆ Each pumping action expels 5ml per beat
- ◆ 1000 beats every half hour= 5 liters
- ◆ In 24 hours 240 liters
- ◆ Cannot be all new
- ◆ Hence circulation


Florence Nightingale



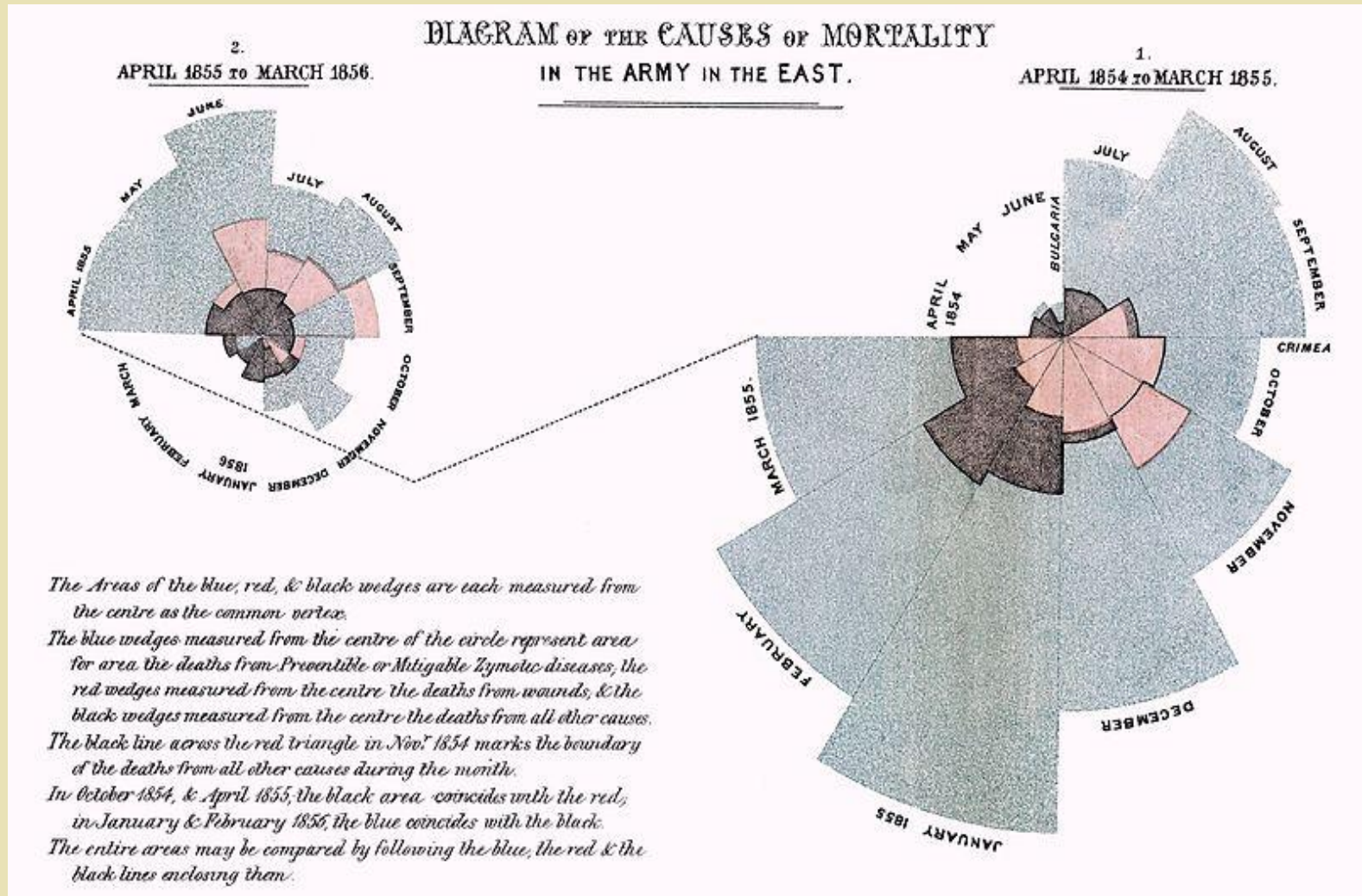
12 May 1820 – 13 August 1910

Crimean war (1854)

- ◆ UK versus Russia
- ◆ 18000 soldiers admitted to hospitals
- ◆ Lady with the lamp
- ◆ Angel of Crimea
- ◆ With cleanliness hospital death rate cut to 1/3
- ◆ Bacteria are more deadly than bullets and bayonets

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- ◆ Ten times more soldiers died of typhus, typhoid, cholera and dysentery than from battle wounds
 - ◆ Crucial for military budget
 - ◆ Similar study of British soldiers in India
 - ◆ More red coats died in barracks than in battle fields
 - ◆ Reason? Unhygienic living conditions.
 - ◆ Established cantonments

Nightingale's depiction of causes of death red – wounds, blue- preventable, black- others



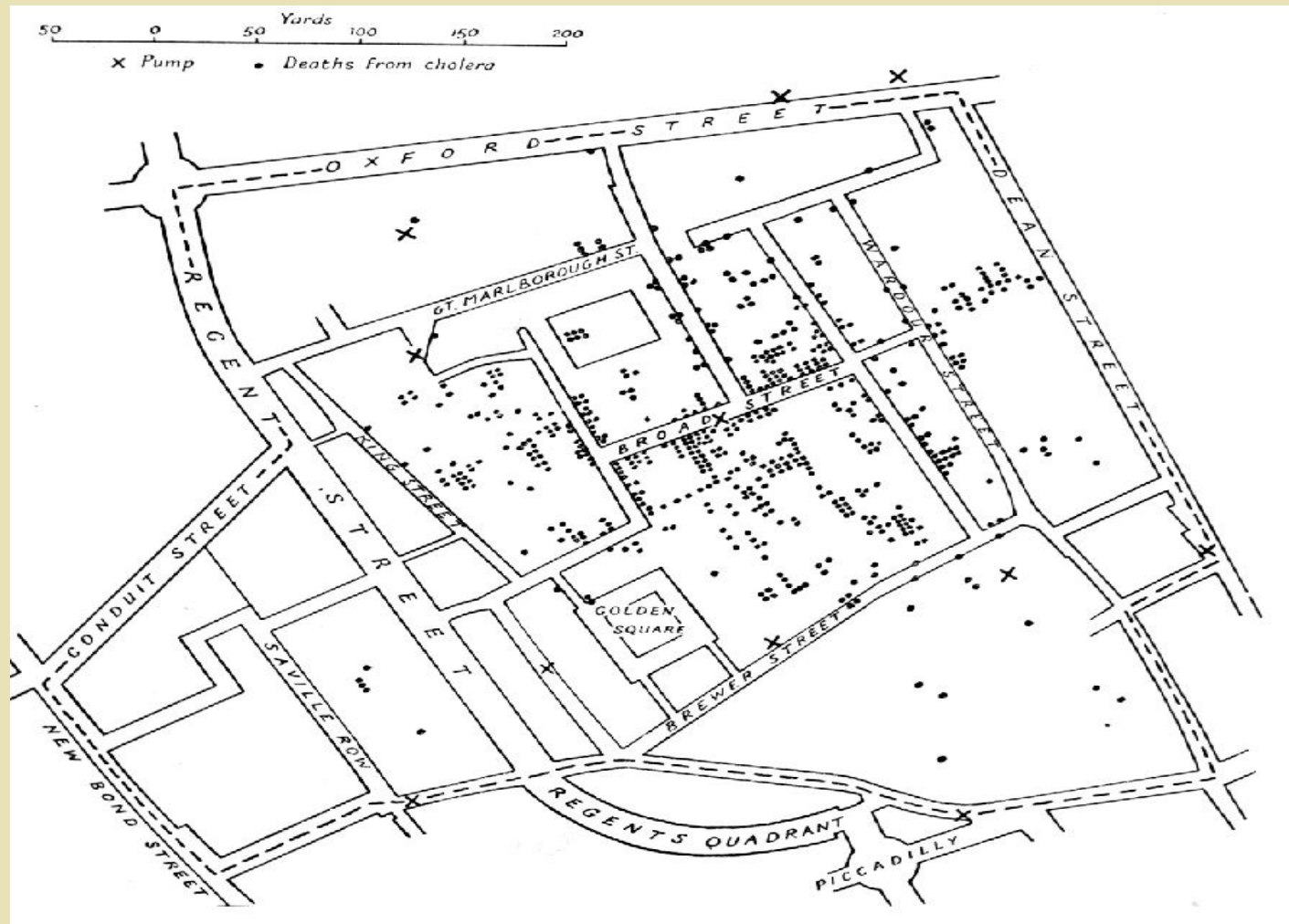
John Snow on Cholera



Great Britain 1849- 33000 people died of cholera, 13000 in London

Mortality rate – 50%

15 March 1813 – 16 June 1858



Map of London area with dots (cholera deaths) and Hand pumps (crosses)

Comparative data

- ◆ Two parallel streets
- ◆ Each received water from a different company (Southwark company and Lambeth company)
- ◆ Customers of Southwark higher incidence of cholera
- ◆ Source just below sewage dumping point
- ◆ Water contamination the cause

Pierre-Charles-Alexandre Louis- numerical method bloodletting is not efficacious



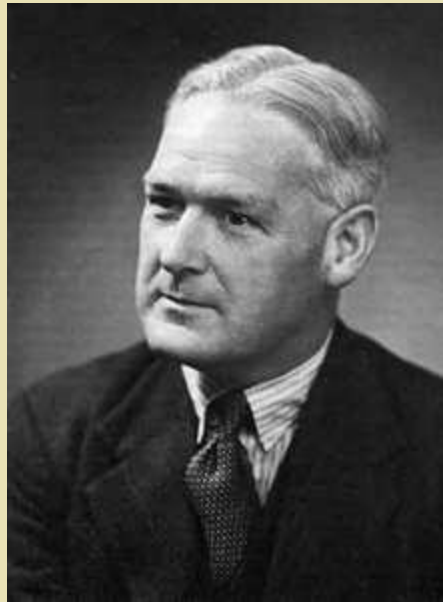
April 14, 1787

August 22, 1872

Blood letting

- ◆ Fevers- caused by inflammation
- ◆ Bloodletting can give relief, use leeches
- ◆ 1833- 42 million leeches imported into France
- ◆ Louis' Test on pneumonia (Leeches on chest)
- ◆ 77 patients- blood letting when?
- ◆ Early (within 4 days from onset) or late (between 5-9 days from onset)
- ◆ Early group had higher death rate (44%) than late group (25%)
- ◆ Better wait before bloodletting

Hill and Dole



Austin Bradford Hill
8 July 1897 – 18 April 1991




Richard Doll
28 October 1912 – 24 July 2005

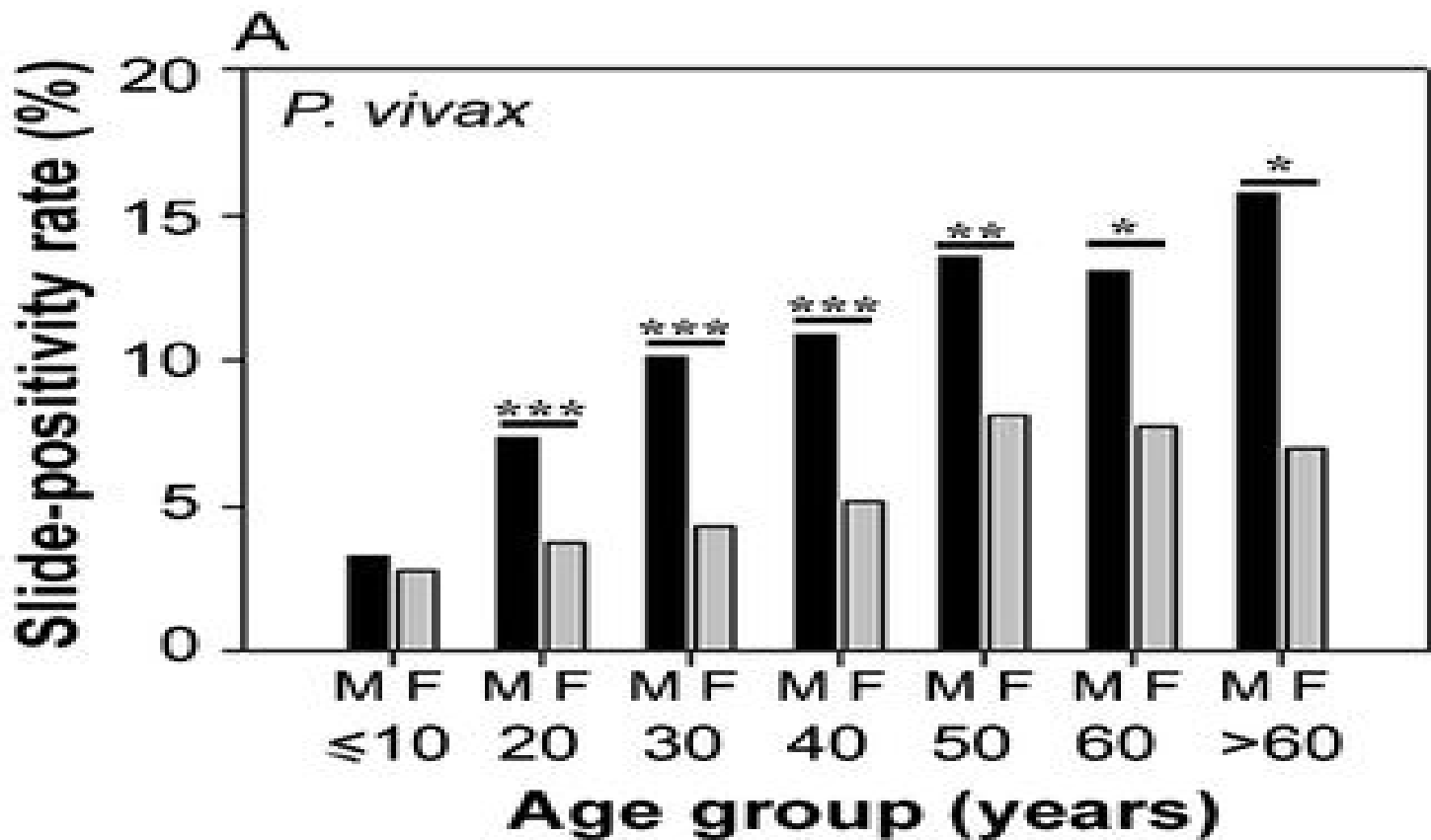
1950 study of lung cancer patients in 20 London Hospitals

- ◆ Suspicion- asphalt and car fumes are the causes
- ◆ Only common factor found- tobacco smoking
- ◆ Retrospective study
- ◆ Perhaps liking for tobacco related to cancer proneness
- ◆ Prospective study needed
- ◆ 1954 onwards – 40,000 doctors observed for 20 years
- ◆ Strong connection between lung cancer and smoking
- ◆ Similar connection between asbestos and lung problems
- ◆ Causes can be detected with statistics

Malaria in Mumbai

- ◆ Data from public hospitals
- ◆ Age, gender, ailment
- ◆ Focus- proportion of admissions due to malaria
- ◆ Females lower than males
- ◆ Why?
- ◆ Mosquitoes prefer males? No.
- ◆ Fewer females in Mumbai
- ◆ But we are discussing proportions not abs.#

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- ◆ Females get less attention?
 - ◆ Proportions not absolute numbers
 - ◆ Perhaps females sleep inside and males outside
 - ◆ But difference persists in rainy season
 - ◆ Graph has peculiarity
 - ◆ For young age classes- no gender difference
 - ◆ Difference goes on increasing with age
 - ◆ Interpretation?



1. At low age, no difference.
2. With rising age males have higher probability.
3. In females the values stabilize.

So why lower proportion in females?

- ◆ What is the difference between genders that emerges in teens?
- ◆ Testosterone
- ◆ This puts males at a disadvantage
- ◆ Perhaps also in fighting malaria

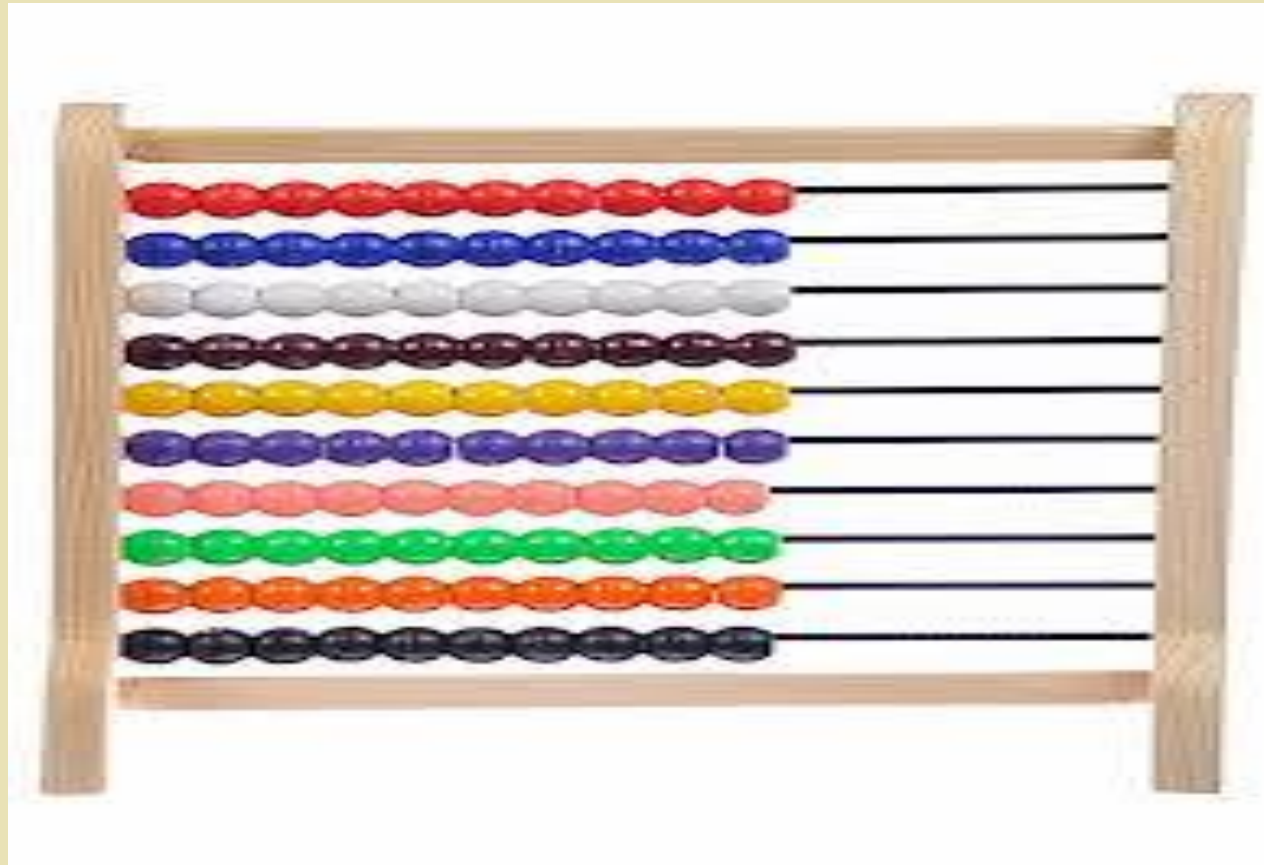


Abhay and Rani Bang

Pneumonia in Gadchiroli

- ◆ Pneumonia a big infant killer
- ◆ If detected on time, treatment easy
- ◆ Testing difficult
- ◆ How to judge?
- ◆ Good discriminator- count of breathing frequency
- ◆ If more than 50 per minute, diagnose Pneumonia
- ◆ Village health worker cannot count up to 50

How to count 50 when you only know 10



Count wheezing with red beads. When all are used shift a Blue bead. If you need 5 blue beads, declare pneumonia.

Use of Statistical Control Charts to improve healthcare delivery

- ◆ William Nugent
- ◆ Improvement in outcomes of cardiac surgery
dartmed.dartmouth.edu/fall06/html/vs_data.php
- ◆ CABG (coronary artery bypass graft)
- ◆ Factors under control- use of aspirin after surgery, intra and post operative transfusion, source of graft vessel (internal mammary artery or vein in the leg)
- ◆ Variable plotted- mortality associated with various factors
- ◆ IMA grafts have lower mortality

- ◆ I have worked to develop effective ways to collect high-quality clinical data and more importantly, to use that data to improve outcomes.



Conclusion

- ◆ Quantitative thinking can make a difference
- ◆ Learning from experience has to be automated
- ◆ Future prospects for such exercise bright!