

IN THIS ISSUE

THE association between environmental conditions and death rates, especially infant mortality, has been demonstrated in many studies, both in this country and abroad. In the article "An Inter-Racial Study in Social Conditions and Infant Mortality in Cape Town," Dr. Harry T. Phillips presents data for this South African city of nearly half a million population of which the majority is non-white, or non-European. Socio-economic conditions of the European and non-European segments of the population are described and infant mortality of the two groups is compared. Although the infant death rate for non-Europeans was four times that of Europeans in 1950-1953 (103 and 26 per 1,000 live births), the marked decrease in the rate for non-Europeans, as well as for Europeans, during the previous thirty years is indicative of improved environmental conditions and of the importance of socio-economic factors in infant mortality.



Statistical bureaus in many health departments are no longer only places for registration of births and deaths, but have added to their services the important functions of analyzing vital statistics and special data of significance for program planning and for adjusting health service activities to the changing needs of a community. At a recent meeting of the New York Area Chapter of the American Statistical Association a report "Public Health Statistics in New York City on the Ninetieth Anniversary of the Board of Health" was presented by Carl L. Erhardt, Director of the Bureau of Records and Statistics. In his report on the activities of the Bureau, which is published in this issue of the *Quarterly*, Mr. Erhardt has emphasized the

many special investigations that have contributed, or are expected to contribute in the future, to better understanding of health problems in the community and to improving practices and methods for providing services for controlling these health problems.



At the same meeting of the New York Chapter of the American Statistical Association, Mortimer Spiegelman of the Metropolitan Life Insurance Company turned his attention to some of the unsolved health problems and suggested areas for special studies to broaden our knowledge. His discussion is reported in the article entitled "New Frontiers in Medical Statistics." More intensive study of the relation between social factors and disease, especially the chronic illnesses, with long-term observations of populations, and continuing studies of needs for medical care and of availability of medical services are suggested, among others, as approaches to solving some of the problems.



The National Health Survey of 1935–1936 indicated a rather sharp inverse relation between socio-economic status and amount of illness. There is a distinct dearth of more recent data on the subject. The desire to learn whether the traditional relationships have persisted despite the "continuing and increasing economic prosperity" and the "growth in the use of health insurance and increasing control of communicable diseases" prompted Dr. Saxon Graham and his colleagues in the Department of Biostatistics at the University of Pittsburgh Graduate School of Public Health to undertake a field study in June and July of 1954 among a sample of 3,403 persons in Butler County, Pennsylvania. The results are reported in the article "Socio-Economic Status, Illness, and the Use of Medical Services."



A paper "Attitudes of Females Toward Family Planning in A Maharashtrian Village" is presented in this issue by William

A. Morrison of the Department of Rural Sociology of the University of Connecticut. The analysis is based upon a field survey conducted in Badlapur, a village of Bombay State, India. In the July, 1956 issue of the *Quarterly* the author presented a similar analysis of the attitudes of males in this area toward family planning. The two samples include, but are not restricted to, husband-wife combinations.