



## IN THIS ISSUE

**P**UBLIC health workers have long regarded epidemiology as the basic science of preventive medicine and public health. The present heartening enthusiasm for improved and expanded mental health programs makes the epidemiology of mental disorders a research topic of ever-increasing importance and urgency.

In the nine years since the publication of Robert H. Felix and R. V. Bowers' "Mental Hygiene and Socio-Environmental Factors,"<sup>1</sup> the volume of studies on the epidemiology of mental disorders has grown from an occasional trickle to a thin stream. The Fund's monograph on the EPIDEMIOLOGY OF MENTAL DISORDERS, now regretfully out of print, has helped, it is hoped, to stimulate this stream to grow. Progress in this type of research can be gauged somewhat by the fact that it is probably already out of date. The roundtable discussion which that monograph reported addressed itself largely to the question: "Can mental disorders be studied epidemiologically?" The answer was, in some detail, "Yes." Today the thin stream of reports which occurs in the psychiatric, sociological, psychological, anthropological, and public health literature provides a rich substantiation of that answer and many examples of good studies on inadequately formulated questions, inadequate studies on well-formulated problems, and occasionally well-conducted studies on soluble problems. Today, then, the outstanding questions in this field are: (1) What are the best technical means of avoiding common errors in organizing and conducting studies on the epidemiology of mental disorders? (2) How can problems regarding the epidemiology of mental disorders be best formulated as questions suitable for investigation?

<sup>1</sup> The Milbank Memorial Fund *Quarterly*, xxvi, No. 2, April, 1948, pp. 125-147.

The article on "The Epidemiology of Mental Disorders" in this issue, by Dr. Ernest M. Gruenberg of the Technical Staff of the Fund, is the text of an address on the second of these questions, delivered before a Technical Session of the Annual Conference of the World Federation for Mental Health which was held in Berlin in August, 1956. Dr. Gruenberg describes the current types of study being reported and offers a tentative classification of the problems to which the growing literature addresses itself. The list of references provides a sampling of basic and current publications in this field.

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Changes in caries rates for the permanent dentition of Norwegian school children during and after World War II are described in the second section of a report from an investigation conducted by the Norwegian State Dental School from 1940 to 1953 which is published in this issue of the *Quarterly*. Dr. Guttorm Toverud, Professor of Pedodontia at the State Dental School, who directed the study and analyzed the data, is presenting the findings in "The Influence of War and Post-War Conditions on the Teeth of Norwegian School Children." This second report "Caries in the Permanent Teeth of Children 7-8 and 12-13 Years Old" presents the data on trends over the 13-year period in caries rates for all erupted teeth and for individual teeth among children in cities, villages and rural districts. In later sections, patterns of change in the amount of caries in specific teeth will be described and results of the investigation will be discussed more extensively.

The present report gives evidence of very striking reductions in the occurrence of caries during the war years which were common to school children in urban and rural communities. The downward trend in rates came to a halt at the end of the war or soon after, and reversal of the trend became apparent within a few years in most communities. Increases in caries rates have varied in different communities, but, except in a very few communities, rates in 1952-1953 had not reached the levels of 1940-1941.

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Records of mortality in the United States in the 19th Century are very limited and data for Massachusetts usually have been utilized to describe the mortality experience of that period. For 1850, mortality data are available for Maryland, and by combining the Maryland and Massachusetts data, Paul H. Jacobson, Supervising Statistical Analyst of the Metropolitan Life Insurance Company, has constructed a new life table that is more representative of the country in 1850. This life table is presented in "An Estimate of the Expectation of Life in the United States in 1850."

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The results from an ingeniously designed and well-executed study appear in the article "Are Sex Mortality Differentials Biologically Caused?" by Francis C. Madigan, S.J., of the University of North Carolina. In order to provide some evidence on the question posed, the author and his colleagues, undertook to study "a male group and a female group in which cultural stresses and strains had been so standardized between sexes that one could observe the operation of biological factors in comparative isolation. . . . The subjects chosen for study were teachers and personnel of administrative staffs of Roman Catholic religious Brotherhoods and Sisterhoods engaged in educational work." The period covered was 1900 to 1954.

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In a "Note on Birth and Death Registration of Military Dependents," Robert N. Bishop, Statistician of the Tacoma-Pierce County Health Department, Washington, calls attention to inaccuracies in infant death rates and birth rates that may arise from practices of recording place of residence on certificates of birth and of death of infants of members of the armed forces.