ANNOTATIONS

MIGRATION AND MENTAL DISEASE[1]

THE declared purposes of this monograph were to supply sound statistical material for a solution of past debates on the relation between mental disease and migration, and to demonstrate one use for the 1940 Census tables on five-year migration status. The result is clear, striking, and elegantly presented, certainly adding to our store of data on the subject; and yet one may question whether the authors have really attained their aims.

Based on 1939–1941 first admissions in New York State, the main findings are as follows:

(a) migration from overseas is now associated with almost no excess of mental hospitalization over the native born;

(b) migration from other states of the United States into New York is accompanied by a marked excess of mental hospitalization as compared with those born in the State;

(c) the incidence of such hospitalization is higher in those migrants who were outside of New York State five years previously than in those who were within the State at that time, an exceptional proportion of the former appearing to have been admitted within a year of their (latest?) arrival.

These findings apply at virtually all ages, in both sexes, in whites and nonwhites, and in metropolitan and nonmetropolitan areas. They are in striking contrast, almost disagreement, both with Malzberg's own earlier studies on immigrants and more specifically with Odegaard's Norwegian study on internal

[1] Malzberg, Benjamin and Lee, Everett S.: MIGRATION AND MENTAL DISEASE. A study of First Admissions to Hospitals for Mental Disease, New York, 1939–1941. New York, Social Science Research Council, 1956, 142 pp.

migration. Being more carefully done than any previous study —for instance, private hospital statistics are now included— they should clarify matters, but it proves less easy to say this.

The problem of a relationship between migration and mental disease dates back to the observation almost a century ago that the proportion of immigrants in United States mental hospitals was higher than that in the general community. At first, theories to account for this all implied a secondary association with some such factor as the dumping of paupers by European governments, a difference in racial incidence, and the abnormal age distribution of the immigrant population. But when these had been investigated and allowed for, the age factor having accounted for the major part of the discrepancy, a small differential between immigrant and native-born rates remained. It then seemed possible that the migratory process itself, especially the phase of acculturation, might have a direct effect on mental stability, but an alternative theory was that emigration will tend to attract a rootless, schizoid type of individual (and hence a potential schizophrenic patient) more than the person with rich social relationships (in whom schizophrenia is less common). Clearly, the latter effect, if it existed, ought to be found in internal migrants as well as in immigrants whereas the former should not, or at least to a much lesser degree; and when Odegaard demonstrated that migrants within Norway had a lower, not a higher, rate of mental hospitalization than nonmigrants the schizoid personality theory received a severe blow.

The present study, from one angle, can be considered as an attempt to confirm the Norwegian findings and, as we have seen, its findings are far in the opposite direction. In fact, however, it is not clear that the two sets of data are comparable at all. Odegaard took migration in different directions throughout most of Norway; the present study compares the residents of only one state with migrants from all others. Moreover, New York State has a higher standard of living and a higher standard of mental care than most other states and both these points must be relevant, for major mental disorder has been shown to increase with declining community socio-economic level, and sick people do tend to move to a place where they think they

will get better medical care. Next, both migrants and mental patient populations tend to be atypical in respect of social class and occupation, the quite marked difference in migrant and nonmigrant rates in the present study being still much smaller than the difference between the equivalent rates for certain occupations. And there is no justification for thinking that internal migration in Norway had the same characteristics as in the United States. Most important of all, however, are the questions of pre and post-migration human environment, and of motive. It is theoretically quite feasible that under one set of circumstances the less competent members of a community will be squeezed out of it by competition for livelihood (or tempted out by some Eldorado myth) whereas under another set of circumstances the weaker are protected and it is the more competent who are sent out by the community to seek their fortune, in the hope that they will send money home. The question therefore arises not only whether these two specific studies are comparable, but more importantly whether any two studies of migration and mental health can be compared unless the complete conditions surrounding the migration are defined and weighed. It may be that the most useful result of the present work is to lead us to question the validity of using migration as a single concept in socio-psychiatric studies.

Apart from this major question of validity of concept, Malzberg and Lee offer us many points for cogitation. Why is it, for instance, that immigrant nonwhite males are now (1940) showing a lower overall rate of mental disorder than native-born nonwhites? Is it because the Jamaican Negro immigrant is better educated than his United States counterpart, or because he has grown up in an atmosphere where the struggle for equality is less bitter, or because the immigration medical screening is now so efficient? Why, in 1930, were the rates for immigrants over the age of 50 never less than twice the rates for native born whereas in 1940 this difference has almost disappeared? And why is it that the affective psychoses are now coming to the fore among recent migrants whereas formerly one tended to think of these conditions as being relatively unassociated with social variables? There is much to think about in these findings.

A similar study by the authors using the 1950 Census residence data is now reported under way and it is to be hoped that means will be found to resolve some of the problems with which the present study faces us. While it may not be possible to analyze the social class rates of migrants and nonmigrants it should at least be possible to give us the rates for migrants from different states. Also, it should be possible to divide up more usefully the rag-bag of "other psychoses" so that one may gauge to some extent how far the migrant suffers from more transitory or more chronic conditions; perhaps one might even get something on length-of-stay or outcome. But before one asks for more and more details it might be as well for us to reconsider the validity or usefulness of the concepts on which such questions are based.

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HEALTH AND MEDICAL CARE IN NEW YORK CITY[1]

FOR almost thirty years, the only comprehensive data available on the costs and other financial aspects of provision of medical care for families in the United States, have been in the reports of the Committee on the Costs of Medical Care, 1928–1931. Unfortunately, a great depression, a recovery, a war or two, and other social and economic upheavals have lessened the value of the 1931 data of the Committee on the Costs of Medical Care in understanding present needs in medical care and in planning adequate service programs. It is true that other studies have contributed to the sum of knowledge of how, where, for what, of whom, and even why the North American family purchased health services. It is also true, however, that most of these other studies have been limited in approach, circumscribed in scope, and, occasionally, selected for

[1] Report of the Committee for the Special Research Project in the Health Insurance Plan of Greater New York: HEALTH AND MEDICAL CARE IN NEW YORK CITY, published for the Commonwealth Fund. Cambridge, Massachusetts, Harvard University Press, 1957, ix+275 pages, $7.50.