

IN THIS ISSUE

IN the search for causation of mental disorders and of other diseases, the relative role of heredity and environment has been debated for many years. Recently significant progress has been made in genetical research and the etiological relationship of hereditary factors to certain types of mental illness and mental deficiency has been demonstrated. In the article "Genetical Etiology in Mental Illness," Dr. Jan Böök, Director of the State Institute for Medical Genetics, Sweden, has summarized current knowledge on the role of genetics in mental disorders and has outlined some methodological problems in research concerned with evaluating genetical, environmental, and cultural variables in the occurrence of mental illness. This brief review emphasizes the limitations of previous investigations which have studied either the genetical variable or the social variables and directs attention to the need for integrated, multidimensional studies.



During the Korean War when nearly all young men aged 18 to 26 years were liable for military service, several million Selective Service registrants were evaluated and classified as to their qualifications for military service. An analysis of the causes of disqualification is reported in the article "Fitness of American Youth for Military Service" by Bernard D. Karpinos of the Medical Statistics Division, Office of the Surgeon General, Department of the Army. After adjustment of Selective Service data to take account of military enlistments and alternative services, the author finds that nearly one-fourth (23.6 per cent) of the liable manpower was disqualified on the basis of moral, mental, physical, or medical standards for military service. Eight per cent of the men were disqualified only be-

cause of failure to pass the mental test, 11 per cent because of physical or medical disability and 2 per cent were disqualified for both mental and medical reasons. In addition to the 24 per cent disqualified, 6 per cent were qualified but placed in Category C, a group with one or more physical defects and below average functional efficiency.

Prevalence rates for specific disqualifying defects among this population provide a valuable index of the health problems present at these young ages. The highest prevalence is found for conditions included in the general diagnostic category of diseases and defects of bones and organs of movement for which the prevalence rate is 23.3 per 1,000 examinees. The prevalence rates for psychiatric disorders and for diseases of the circulatory system were nearly as high, 22.7 and 20.0 per 1,000, respectively. Presence of an impairment which is cause for rejection for military service does not necessarily prevent the pursuit of a normal, civilian life, but many of these disqualified men have problems of occupational adjustment and need for special training as well as for health care.

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Birth rates usually are highest in the late summer months and lowest in the spring, but the causes of this seasonal variation have not been established. In the article "Socio-Economic and Seasonal Variations in Birth Rates," by Benjamin Pasamanick, Simon Dinitz, and Hilda Knobloch, the monthly variation in birth rates is compared for different socio-economic groups in Baltimore. A strong inverse association is found; nonwhites and whites in the lowest socio-economic group had the greatest seasonal variation in birth rates and whites in the highest socio-economic group had little variation. The possible relation of climatic and nutritional factors to seasonal variation in births is discussed, and the potential significance of these factors to complications of pregnancy and infant morbidity is suggested.

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A frequently noted feature of modern planned families is that the couples marry early and proceed to have the number

of children that they want fairly early in their married life. Thus if the couple have the two, three, or four children that they want by the time the wife is thirty, the couple usually find it necessary to seek protection against further pregnancies for a full decade or more. In his paper "Some Relationships Between Short Range and Long Range Risks of Unwanted Pregnancy," Dr. Robert G. Potter, Jr. is concerned with the level of contraceptive protection needed to avoid pregnancy after the family of desired size is accomplished.



The postwar decline in fertility of the Japanese has attracted the attention of demographers throughout the world. In her article "Continuities in the Declining Fertility of the Japanese," Dr. Irene B. Taeuber attempts to study this situation in historical and demographic setting. The analysis relates to changes in fertility from 1925 to 1955 and from 1951 to 1957, by prefectures, industrial grouping of prefectures, and rural and urban areas. Emphasis is placed on the trends of differentials in fertility and on changes in the relations of age and marital status to reproduction. "The net declines in fertility between 1925 and 1955 and the annual declines in recent years are quite consistent with expectations of declining fertility derived from experience elsewhere . . . The major unresolved problems . . . concern the timing of the declines, or, more specifically, the sequence of slow declines over a period of decades and then precipitant declines within a few years."