

## IN THIS ISSUE

**T**HE fresh viewpoints about mental hospitals and mental patient care which have been affecting American mental hospital systems during the last few years under the label of "open mental hospitals" have come to this country mainly from Britain. It is becoming clearer every day that the methods of the open mental hospital depend not only on the patients having physical freedom to move about much more than formerly, but also on the freedom of the community to come into the hospital as visitors, friends and, when indicated, as patients. Removing the barriers between the hospital and the community works both ways. While a start can be made in this direction within the framework of current legislation, in most jurisdictions it will be necessary to re-examine the legal and administrative machinery of the hospital systems, as Parliament recently did for the United Kingdom. It is therefore appropriate that New York State Senator George F. Metcalf, Chairman of the Senate Committee on Health has taken a look at some of the most advanced British programs and recorded his impressions of the lessons these programs hold for American state government.

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New health problems emerge to challenge both preventive and medical practice as some diseases are controlled and other diseases and disabilities increase in a society which is experiencing great changes in its age structure as a result of increases in the aging population, high birth rates and changing patterns of urbanization and industrial methods. Present trends and predictions of future problems in public health are discussed by

Dr. Thomas McKeown in the article entitled "The Next Forty Years in Public Health." Dr. McKeown, professor of social medicine in the Medical School of Birmingham, England, reviews the current health problems in relation to mortality and morbidity trends in the British Isles, but the problems are similar in the United States and other Western countries. The general problems selected as having major significance in the future of public health are control of inheritance, control of both internal and external environmental factors and the organization of medical services.



Age at marriage affects the size of completed family and the age pattern of childbearing. Much of the speculation on the effect of postponement of marriage on population growth has been in terms of the probable magnitude of the first factor, and comparatively little attention has been directed to the second. In the paper "The Significance of Age-Patterns of Fertility in High Fertility Populations," by Ansley J. Coale and Cho-Yook Tye, birth and growth rates are compared in populations with different age patterns of childbearing. It is shown that in high fertility populations differences in average age of childbearing can account for differences in the stable rate of population growth to an extent equivalent to some twenty per cent difference in fertility, even if the completed family size is identical in each childbearing pattern. This suggests that postponement of marriage can be an important component of population control, even if it is not accompanied by a reduction in family size, and has significant implications in countries currently characterized by high fertility and early marriages.