IN THIS ISSUE

For the study of fetal loss during the early months of pregnancy and of conditions related to such loss, special methods for collecting data on all pregnancies occurring among population groups are required since pregnancies that terminate early are included to a very limited extent in official data for registered births. From the medical records of women who were members of the Health Insurance Plan of Greater New York, Sam Shapiro, Ellen Jones, and Paul M. Densen obtained data on 6,844 pregnacies and have tabulated the number of terminations and rate of fetal death for each week of gestation in the paper entitled "A Life Table of Pregnancy Terminations and Correlates of Fetal Loss." One in seven of all pregnancies resulted in a fetal death, but among those terminating after 28 weeks of gestation only one in one hundred was a fetal death. Both early terminations and fetal death rates in the last half of pregnancy increased for mothers thirty years of age and older and also for gravida four or more. The minimum fetal loss is shown for first births to women in their twenties.

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Since the "fertile period" that comes approximately in the middle of the menstrual cycle is very short (almost certainly under 48 hours on the average), it would seem plausible that frequency of intercourse and knowledge of the ovulatory cycle would have bearing on conception and contraception. In an article in this issue "Knowledge of the Ovulatory Cycle and Coital Frequency as Factors Affecting Conception and Contraception," Robert G. Potter Jr., Philip C. Sagi, and Charles F. Westoff present an inductive analysis of these relationships on the basis of data collected in the Family Growth in Metro-

politan America study which is being conducted by the Office of Population Research, Princeton University.

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Demographers working with data for pre-industrial areas are interested in ascertaining whether there are fertility differentials by urban-rural residence and socio-economic status. The presence of such differentials augur well for the likelihood that modernization will bring declines in fertility. In this issue C. Chandrasekaran and M. V. George of the Demographic Training Centre in Bombay present a paper "Mechanisms Underlying the Differences in Fertility Patterns of Bengalee Women from Three Socio-Economic Groups." The three socio-economic groups are a section in Calcutta represented heavily by professional families, a section in the same city represented heavily by clerical families, and a rural agricultural area. The "mechanisms of fertility differentials" investigated are age at marriage, interval between pregnancy terminations and practice of family limitation. The original study was carried out during 1947–1949 under the auspices of the Indian Council of Medical Research.

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In cooperation with the staff of the Hudson River State Hospital in Dutchess County, New York, the Milbank Memorial Fund is attempting to evaluate the effects of the special facility established at the hospital in January, 1960, for psychiatric patients from Duchess County. One hypothesis under study is that the long-stay patients from the county in the facility will improve in social functioning to a greater degree than will a matched control group of non-Duchess County patients in the rest of the hospital. The initial report on this evaluation by Ernest M. Gruenberg, Richard V. Kasius and Matthew Huxley entitled "Objective Appraisal of Deterioration in a Group of Long-Stay Hospital Patients" describes the questionnaire by which the social functioning of each patient is to be assessed and also discusses the comparability of the study and control groups of patients. Briefly presented are some re-

sults of the first survey utilizing the questionnaire and some plans for future analysis.

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Infant mortality for many years was accepted as a sensitive and useful index of socio-economic status of populations. With infant mortality in the United States reduced to about 26 per 1,000 live births in recent years, as a result of the large reduction in deaths from infectious diseases and other conditions associated with levels of living, the relationship between infant mortality and economic status has undergone a great change. An analysis of variations in neonatal and post-neonatal mortality among five socio-economic areas of Providence, Rhode Island is presented by Edward G. Stockwell in the article entitled "Infant Mortality and Socio-Economic Status: A Changing Relationship." The author finds no consistent association between total infant mortality and different segments of the population. For deaths after the first month of life, the traditional inverse correlation between "social rank" and mortality is shown, but these deaths accounted for only 20 per cent of the total infant mortality. Neonatal mortality, on the other hand, was higher in the areas of high social rank than in those classified as medium or low social rank.

ERRATUM

The editors wish to point out that in the article The English Open Mental Hospital: Implications for American Psychiatric Services, by the Honorable George R. Metcalf which appeared in the October, 1961 issue of the QUARTERLY, the following excerpt should be corrected:

> "Such data as these have caused Britain's General Register Office to lower the official estimates on the future needs for mental hospital beds from the current ratio of 3.4 per 1,000 of population to 1.5 in 1976." (Should be 1.8 in 1976) p. 589