

Annual report of

- ▼ THE UNITED STATES
- ▼ NATIONAL COMMITTEE
- ▼ ON VITAL AND
- ▼ HEALTH STATISTICS
- ▼ Fiscal Year 1964

Reproduced and distributed for the Committee by the
NATIONAL CENTER FOR HEALTH STATISTICS

Annual report of

- ▼ *THE UNITED STATES*
- ▼ *NATIONAL COMMITTEE*
- ▼ *ON VITAL AND*
- ▼ *HEALTH STATISTICS*
- ▼ *Fiscal Year 1964*

Reproduced and distributed for the Committee by the
NATIONAL CENTER FOR HEALTH STATISTICS

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Public Health Service

The U.S. National Committee on Vital and Health Statistics was created in 1949 by the Surgeon General of the Public Health Service at the recommendation of the First World Health Assembly. This Committee has been active since its inception as an advisory committee to the Surgeon General in securing technical developments in the field of vital and health statistics. Specifically, the functions of the U.S. National Committee on Vital and Health Statistics are to:

- (a) Delineate statistical problems of public health importance which are of national or international interest.
- (b) Stimulate studies of such problems by other organizations and agencies whenever possible, and make investigations of such problems through subcommittees appointed for the purpose.
- (c) Review findings submitted by other organizations and agencies, or by its subcommittees, and make recommendations for national and/or international adoption.
- (d) Cooperate with other committees or organizations concerned with public health statistics problems in the United States.
- (e) Serve as a link between the organizations in the United States engaged in public health statistics and the statistical secretariat of the World Health Organization and other international agencies concerned with public health statistics.
- (f) Cooperate with national committees of other countries in the study of problems of mutual interest.

MEMBERS OF THE U.S. NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

- Robert Dyer, M.D., Chief, Division of Research, State Department of Public Health, Berkeley, Calif. (Chairman)
- I. M. Moriyama, Ph.D., Chief, Office of Health Statistics Analysis, National Center for Health Statistics, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C. (Secretary)
- Loren E. Chancellor, Director, Division of Vital Statistics, State Department of Health, Des Moines 19, Iowa
- C. Horace Hamilton, Ph.D., Professor of Rural Sociology, North Carolina State College, Raleigh, N.C.
- Dudley Kirk, Ph.D., Demographic Director, The Population Council, New York, N.Y.
- Forrest E. Linder, Ph.D., Director, National Center for Health Statistics, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C.
- Walter J. McNerney, President, Blue Cross Association, Chicago 11, Ill.
- Edward R. Schlesinger, M.D., Assistant Commissioner for Special Health Services, New York State Department of Health, Albany, N.Y.
- Conrad Taeuber, Ph.D., Assistant Director, Bureau of the Census, Department of Commerce, Washington, D.C.
- Jacob Yerushalmy, Ph.D., Professor of Biostatistics, School of Public Health, University of California, Berkeley 4, Calif.
- Franklin D. Yoder, M.D., Director of Public Health, State of Illinois Department of Health, Springfield, Ill.

Activities during

FISCAL YEAR 1964

The U.S. National Committee on Vital and Health Statistics completed its work on the preparation of revision proposals for several major sections of the International Classification of Diseases for international consideration. On the basis of these revision proposals, national submissions have been made on the following sections of the International Classification of Diseases: mental diseases, cardiovascular diseases, causes of morbidity and mortality peculiar to the perinatal period, congenital defects, external causes of injury and the nature of injury.

With respect to other areas involving the classification of diseases, the U.S. National Committee on Vital and Health Statistics is following with interest the development of a classification of physical and mental impairments and the draft proposal of the classification of external causes of injury adapted to meet the specialized needs of the military forces. The classification of physical impairments will undergo a second series of field tests under the auspices of the Association for Aid to Crippled Children. The classification of external causes of injury for military use is being studied by various countries for possible adoption. This proposal was made jointly by the U.S. Department of Defense and the British War Office.

One of the neglected sources of information and material for the study of disease is the medicolegal investigative.

system. Data available from this source are unique because the circumstances of death are investigated and the cause of death can be validated through post-mortem examination. Because of the research potentials of data on medicolegal deaths, a Subcommittee recommended the establishment of a central organization which would make available specialized data for ad hoc studies on the epidemiology of disease and for other research studies in public health and medicine.

The Subcommittee on Health Economics completed its study on data needed for national planning for health services and facilities. A final report was submitted which identified the gaps in the data and pointed out possible areas of improvement in both quality and coverage.

A preliminary report was made on the study of means of assessing changes in fertility in the United States. Although it is not possible to predict with precision future trends in fertility, the collection of data on the marital characteristics of the population in the childbearing ages can contribute a great deal to the understanding of changes in the birth rate.

The U.S. National Committee on Vital and Health Statistics noted with deep regret and with a feeling of great loss the death of Pascal K. Whelpton on April 4, 1964. Mr. Whelpton served as the Chairman of the U.S. National Committee on Vital and Health Statistics from 1960 to 1961 and as Chairman of its Subcommittee on Fertility and Population Statistics from 1949 to 1962.

INTERNATIONAL CLASSIFICATION OF DISEASES

In preparing for the Eighth Revision of the International Classification of Diseases scheduled to take place in July 1965, the World Health Organization established the following timetable: a meeting for consideration of general principles of classification and preliminary discussion by

the WHO Subcommittee on Classification of Diseases in October 1961 on mental diseases, cardiovascular disease, and causes of morbidity and mortality in the perinatal period; a second meeting of the Subcommittee on Classification of Diseases in October 1963 to review revision proposals submitted by various countries; and a meeting of the Expert Committee on Classification of Diseases in October 1964 to give guidance on the final revision proposals to be presented at the Eighth Revision Conference on the International Classification of Diseases in 1965.

National activities on the revision proposals were meshed with the international timetable. In the United States, the various subcommittees assigned the task of preparing revision proposals on different sections of the International Classification of Diseases completed their assignments during the fiscal year. The different subcommittees will be on a standby basis until the adoption of the Eighth Revision of the International Classification of Diseases.

At the end of the fiscal year, there were a number of important areas where agreement was still being sought. The most important single issue from the standpoint of the United States was the proposal for building into the structure of the classification various cross-classifications of diseases. Although an earlier U.S. submission on the cardiovascular disease classification included a number of combination categories, objection in principle was raised in the United States to this means of providing for an extensive but still a relatively limited number of combinations of diseases. The issues involved in this problem were discussed by the late Harold F. Dorn¹ while he was Chairman of the Subcommittee on International List Revision.

¹Harold F. Dorn, 'Some Considerations in the Revision of the International Statistical Classification,' *Public Health Reports*, Vol. 79, No. 2, February 1964, pp. 175-179.

Mental Diseases

A proposal for the revision of the mental disease classification was submitted jointly by the United Kingdom and the United States for consideration at the meeting of the WHO Subcommittee on Classification of Diseases in 1961. A number of other proposals were also received. In the hope of achieving a single unified proposal, the World Health Organization invited psychiatrists and statisticians in the field of mental health to discuss the various proposals. This discussion resulted in agreement on a substantial portion of the classification, but some areas of disagreement remained.

Suggested solutions on the controversial items were proposed by the U.S. Subcommittee on Classification of Mental Diseases. The proposals resulting from the 1963 meeting of the WHO Subcommittee on Classification of Diseases were, in general, satisfactory. However, it was felt that several of the categories required modification before they would be acceptable to psychiatrists in the United States.

Cardiovascular Diseases

A proposed revision of the cardiovascular disease classification was jointly developed and submitted by the United Kingdom and the United States in 1961. Questions were later raised both in England and in the United States regarding the desirability of including a large number of combination categories in the classification. The implications of combination categories extended to the whole classification and therefore constituted an important issue.

The question of combination categories was discussed between the representatives of the United States and the

United Kingdom in the fall of 1962 and again in August 1963. Agreement was reached on an unduplicated list of cardiovascular diseases with provisions for a small number of combination categories. The UK-US proposal submitted in 1961 was withdrawn and revisions were submitted separately by the United States and the United Kingdom. Unfortunately, the separate proposals as submitted to the World Health Organization did not indicate the clear understanding that was thought to have existed on the problem.

Congenital Defects

The proposal of the U.S. Subcommittee on Classification of Congenital Defects was completed for international consideration. The U.S. Subcommittee felt strongly that the increasing amount of research and of understanding in the field of human genetics demanded explicit recognition of data at the cellular level. Therefore, in addition to gross structural malformations, a classification should provide for cellular defects without gross malformations and for inborn errors of metabolism.

Classification of Injury

After testing the proposed classification of external causes of injury (E Code) on mortality and nonfatal injury records, the draft classification was circulated for comments to State health departments, State and national organizations concerned with accident prevention, and insurance firms. Appropriate modifications were made on the basis of the comments received, and the revised proposal was

submitted for consideration at the 1963 meeting of the WHO Subcommittee on Classification of Diseases.

Because the nature of injury classification in the International Classification of Diseases Adapted for Indexing of Hospital Records had proved so useful in hospitals, it was proposed that the classification of injuries and adverse effects of chemical and other external cause serve as a basis for the nature of injury classification (N Code).

Research Potential in the Study of Medicolegal Deaths

One of the problems in medical research is finding a suitable population for study. Patients in hospitals have furnished clinical material for the study of disease. Pathologic material is also provided for further delineation of disease by hospital patients who die and are subjected to post-mortem examination. Throughout the years, important contributions to the understanding of disease have been made through the study of the living and the dead hospital patient.

Little use has been made of one source of pathologic and investigational material. This refers to deaths that are subjected to medicolegal study which constitute about one-fourth of all deaths. They include many deaths due to trauma and an even larger number of deaths due to disease processes. The information on this population is unique in many ways because the circumstances of death are investigated and the cause of death can be validated by autopsy.

After consideration of the research potentials of deaths that fall into the jurisdiction of the legally constituted medicolegal investigative system, the Subcommittee on Statistics on Medicolegal Deaths proposed that a central organization, including representatives of selected medico-

legal systems, be established with the following functions and responsibilities:

1. To develop a record system for the collection of a core of basic information on investigated medicolegal cases; be responsible for the processing, tabulation, analysis, and dissemination of summarized data; and provide technical assistance and consultation to members of the group and to outside investigators.
2. To arrange for special purpose research projects within their own organization.
3. To promote the utilization of the core of basic information, and stimulate ad hoc research studies by outside groups and enter into contracts with such groups.
4. To establish policy and administrative procedures governing the quality of data, access to information, and costs of providing information.

Under this proposal, several of the better equipped and staffed medicolegal investigative systems would follow standardized procedures in recording and pooling their case information, storing it, and making it retrievable from a common computer system. Tabulations would be prepared at regular intervals according to a protocol to be developed, for use by the collaborators and others as a basis for a variety of analytical studies.

With some extension in investigative efforts and medical examinations (including pathologic, toxicologic, bacteriologic, and serologic studies), it would be possible to provide specialized data for a series of ad hoc studies on the epidemiology of disease and on other areas of public health and medicine. In addition, case descriptions and specimens could be supplied as needed to illustrate these reports.

Statistics on Health Economics

The Subcommittee on Health Economics submitted its final report² on needs for statistics relating to economics of health where data are not now available or are not adequate for national planning in the health field. This report defines the specific ongoing measures considered essential for understanding the inputs (manpower and facilities) and outputs (medical services or research provided), and why the measures are considered important.

The major findings of the subcommittee are as follows:

- A. Data are particularly sparse or incomplete about
 - 1. Services rendered outside the hospital and the facilities in which such services are given
 - 2. Long-term institutions of most types
 - 3. Special services that hospitals provide
 - 4. Services provided by professional personnel other than doctors and dentists
 - 5. Quality measures
- B. Certain existing resources not now being used could assist substantially in providing valuable data for measurement in medical economics, e.g., insurance prepayment organization sources, State agency records.
- C. New sources of data collection to fill gaps might be developed through:
 - 1. Providers who would furnish additional data about (a) the characteristics of the providers

²U.S. National Committee on Vital and Health Statistics *United States Statistics on Medical Economics*, Public Health Service Publication Number 1125, January 1964.

of services, and (b) data on the services they provide.

2. Diaries of household expenditures for medical care
3. Additional activities by organizations of professional personnel, associations representing health insurance and prepayment organizations, State agencies and the Public Health Service (including the National Health Survey), and other public and private health agencies.

D. Improvements would be desirable in existing ongoing data series, including particularly the Consumer Price Index, the American Hospital Association's Annual Survey, the American Medical Association's directory activities, the reporting by associations of insurance and prepayment plans, and the Federal surveys of expenditures for hospital and institutional care.

E. Manpower, facility, and expenditure data could be further developed on a State basis; health insurance data by State could be expanded.

F. Much greater attention must be directed to the development of measures of quality in the medical care field.

Fertility Measurement

The current decline in the annual crude birth rates has given rise to questions concerning the significance of the change in birth rates. Was the change to be of short duration, or was it a return to the long-range decline apparent before

World War I? These questions were studied by the subcommittee which found that there is no doubt that there has been a decline in period fertility rates during the past few years. All the currently published measures portray this decline. This may or may not mean that the completed fertility of cohorts of women now in the childbearing ages will also decline. However, it can be said with a fair degree of confidence that the rise in completed fertility initiated by the cohort of about 1910 is likely to continue only through the cohorts born in the early 1930's. It now appears likely that completed fertility will stabilize or decline slightly among cohorts born in the late 1930's and early 1940's.

Because of the complexity of problems, it is not possible to suggest specific types of data that will give definitive answers to questions regarding future trends in period or cohort fertility. Major political, economic, and social changes could bring unpredictable changes in marriage rates, birth rates, and family size.

The subcommittee is considering kinds of data that might be collected to improve estimates of fertility trends and interpretation of changes in the birth rate.

SUBCOMMITTEES OF THE UNITED STATES NATIONAL
COMMITTEE ON VITAL AND HEALTH STATISTICS

Fiscal Year Ending June 30, 1964

Military Health Statistics

Appointed - September 1949

Assignment - To work on the problems of national and international importance referred to or undertaken by the U.S. National Committee on Vital and Health Statistics in which the Armed Forces are expected to have an interest or are able to make contributions.

Members - Eugene L. Hamilton, Director, Medical Statistics Agency, Office of the Surgeon General, Department of the Army, Washington, D.C. (Chairman)

H. M. C. Luykx, Sc.D., Chief, Biometrics Division, Office of the Surgeon General, Department of the Air Force, Washington, D.C.

Classification of Physical Impairments

Appointed - February 1951

Assignment - To determine current practices in coding physical impairments and the type of classification needed for statistical studies of data from hospitals, clinics, disability plans, and public health programs.

Members - Eugene L. Hamilton, Director, Medical Statistics Agency, Office of the Surgeon General, Department of the Army, Washington, D.C. (Chairman)

Louise E. Bollo, Nosologist, Division of Health Interview Statistics, National Center for Health Statistics, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C.

Henry H. Kessler, M.D., Newark, N.J.

Aaron Krute, Bureau of Old Age and Survivors Insurance, Social Security Administration, Department of Health, Education, and Welfare, Baltimore, Md.

Marjorie E. Moore, Ph.D., Research Program Analyst, Division of Research Grants and Demonstrations, Vocational Rehabilitation Administration, Department of Health, Education, and Welfare, Washington, D.C.

Maya Riviere, Ph.D., Project Associate, Association for the Aid of Crippled Children, New York, N.Y.

Barkev S. Sanders, Ph.D., Chief, Community Research in Public Health Practice, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C.

Classification of Causes of Perinatal Morbidity and Mortality

Appointed - June 1956

Assignment - To recommend a method of classifying causes of fetal death as reported on vital and hospital records; to review existing classifications of causes of fetal death and causes of neonatal death; to develop a satisfactory classification after studying the interrelationships of existing classifications; and to determine the need for a nomenclature to use in reporting fetal deaths.

Members - Abraham M. Lilienfeld, M.D., Division of Chronic Diseases, Johns Hopkins School of Hygiene, Baltimore, Md. (Chairman)

Philip S. Barba, M.D., Associate Dean, School of Medicine, University of Pennsylvania, Philadelphia, Pa.

Marian Crane, M.D., Chief, Research Interpretation Branch, Division of Research, Children's Bureau, Social Security Administration, Department of Health, Education, and Welfare, Washington, D.C. (Retired)

Anthony D'Esopo, M.D. Professor of Clinical Obstetrics and Gynecology, College of Physicians and Surgeons, Columbia University, New York, N.Y.

James F. Donnelly, M.D., Obstetrics Consultant, North Carolina State Board of Health, Raleigh, N.C.

Carl L. Erhardt, Director, Bureau of Records and Statistics, the City of New York Department of Health, New York, N.Y.

Edith L. Potter, M.D., Pathologist, Chicago Lying-in-Hospital, Chicago, Ill.

William Silverman, M.D., Associate Pediatrician, College of Physicians and Surgeons, Columbia University, Babies Hospital, Columbia-Presbyterian Medical Center, New York, N.Y.

Classification of Mental Diseases

Appointed - August 1957

Assignment - To develop a classification of mental illness within the framework of the International Statistical Classification of Diseases, Injuries, and Causes of Death.

Members - Benjamin Pasamanick, M.D., Professor of Psychiatry, Columbus Receiving Hospital and State Institute of Psychiatry, University Health Center, Columbus, Ohio (Chairman)

Henry Brill, M.D., Deputy Commissioner, New York State Department of Mental Hygiene, Albany, N.Y.

Leon Eisenberg, M.D., Children's Psychiatric Service, Harriet Lane Home for Children, Johns Hopkins Hospital, Baltimore, Md.

Morton Kramer, Sc.D., Chief, Biometrics Branch, National Institute of Mental Health, Public Health Service, Department of Health, Education, and Welfare, Bethesda, Md.

Joseph Zubin, Ph.D., Principal Research Scientist (Biometrics), State Department of Mental Hygiene, New York, N.Y.

Classification of Cardiovascular Diseases

Appointed - January 1958

Assignment - To study the problems in revising within the framework of the present classification the section of the International Statistical Classification of Diseases, Injuries, and Causes of Death relating to Diseases of the Circulatory System.

Members - George Baehr, M.D., Mt. Sinai Hospital, New York, N.Y. (Chairman)

Thomas R. Dawber, M.D., Director, Heart Disease Epidemiology Study, National Institutes of Health, Framingham, Mass.

Charles E. Kossmann, M.D., New York University College of Medicine, New York University Bellevue Medical Center, New York, N.Y.

Dean Krueger, National Heart Institute,
Public Health Service, Department of Health,
Education, and Welfare, Bethesda, Md.
(Secretary)

Harold E. B. Pardee, M.D., New York, N.Y.

David D. Rutstein, M.D., Department of
Preventive Medicine, Harvard University
Medical School, Boston, Mass.

David M. Spain, M.D., Director of Laborato-
ries, Beth-El Hospital, Brooklyn, N.Y.

Jeremiah Stamler, M.D., Director, Heart
Disease Control Program, Chicago Board of
Health, Chicago, Ill.

International List Revision

Appointed - May 1959

Assignment - To coordinate activities in the United States
with regard to the Eighth Revision of the
International Statistical Classification of
Diseases, Injuries, and Causes of Death.

Members - I. M. Moriyama, Ph.D., Chief, Office of
Health Statistics Analysis, National Center
for Health Statistics, Public Health Service,
Department of Health, Education, and Wel-
fare, Washington, D.C. (Chairman)

Eugene L. Hamilton, Director, Medical Statistics Agency, Office of the Surgeon General, Department of the Army, Washington, D.C.

Dorothy Kurtz, Chief Medical Records Librarian, Columbia-Presbyterian Medical Center, New York, N.Y.

Brian MacMahon, M.D., Professor, Department of Epidemiology, Harvard School of Public Health, Boston, Mass.

F. K. Mostofi, M.D., Armed Forces Institute of Pathology, Walter Reed Hospital, Washington, D.C.

Revision of the Classification of Accidents, Poisonings, and Violence

Appointed - May 1960

Assignment - To review the present section of the International Statistical Classification dealing with accidents, poisonings, and violence (external causes) to determine the needs for revision.

Members - Arthur J. McDowell, Chief, Division of Health Examination Statistics, National Center for Health Statistics, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C. (Chairman)

Robert A. Calhoun, Ph.D., Director, Public Health Statistics, State Board of Health, 1330 West Michigan St., Indianapolis, Ind.

Albert P. Iskrant, Chief, Operational Research, Accident Prevention Program, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C.

Frank S. McElroy, Chief, Industrial Hazards Division, Bureau of Labor Statistics, Department of Labor, Washington, D.C.

Jules V. Quint, Supervisor, Occupation and Accident Statistics, Metropolitan Life Insurance Company, New York, N.Y.

J. L. Recht, Senior Statistician, National Safety Council, Chicago, Ill.

Joseph W. Spelman, M.D., Medical Examiner, City of Philadelphia Department of Public Health, Philadelphia, Pa.

H. C. Steed, Jr., Assistant Chief, Research Grants Branch, Division of Environmental Engineering and Food Protection, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C.

John H. Vinyard, Jr., Special Assistant to Director, Experimental and Research Statistics, Medical Statistics Agency, Department of the Army, Washington, D.C.

Health Economics

Appointed - April 1961
Discharged - October 1963

Assignment - To make a study and prepare recommendations as to areas relating to the economics of health where data are not now available or are not adequate for national planning in the health field.

Members - Arthur Weissman, Director, Medical Economics, Kaiser Foundation Health Plan, Inc., San Francisco, Calif. (Chairman)

Agnes Brewster, Medical Economist, Division of Public Health Methods, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C. (Secretary)

Martin Cohen, Health Insurance Plan for Greater New York, New York, N.Y.

Paul J. Feldstein, Ph.D., Department of Research and Statistics, American Hospital Association, Chicago, Ill.

Leonard Martin, Ph.D., U.S. Chamber of Commerce, Washington, D.C.

Nathan Morrison, Executive Associate, Associated Hospital Service of New York, New York, N.Y.

Nora Piore, Consultant, Public Health Economics, the City of New York Department of Health, New York, N.Y.

Milton Roemer, M.D., School of Public Health, University of California, Los Angeles, Calif.

Classification of Congenital Defects

Appointed - October 1961

Assignment - To prepare a classification of congenital malformations suitable for application to morbidity and mortality data, with special reference to its use in genetic studies and other interest.

Members - Rustin McIntosh, M.D., Tyngham, Mass.
(Chairman)

Kurt Benirschke, M.D., Department of Pathology, Dartmouth Medical School, Hanover, N.H.

James D. Ebert, Sc.D., Carnegie Institution of Washington, Department of Embryology, Baltimore, Md.

Arthur S. Kraus, Sc.D., New York City Health Department, New York, N.Y.

Robert W. Miller, M.D., Chief, Epidemiology Branch, National Cancer Institute, Public Health Service, Department of Health, Education, and Welfare, Bethesda, Md.

William A. Silverman, M.D., Associate Pediatrician, College of Physicians and Surgeons, Columbia University, Babies Hospital, Columbia-Presbyterian Medical Center, New York, N.Y.

Josef Warkany, M.D., Professor of Research Pediatrics, University of Cincinnati, College of Medicine, Cincinnati, Ohio

Fertility Measurements

Appointed - November 1962

Assignment - To study the change in fertility trend and recommend methods that will yield the best possible measure of fertility trends.

Members - Clyde V. Kiser, Ph.D., Senior Member, Technical Staff, Milbank Memorial Fund, New York, N.Y. (Chairman)

Donald S. Akers, Population Division, U.S. Bureau of the Census, Department of Commerce, Washington, D.C.

Arthur A. Campbell, Chief, Natality Statistics Branch, Division of Vital Statistics, National Center for Health Statistics, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C.

David Goldberg, Department of Sociology, University of Michigan, Ann Arbor, Mich.

Wilson Grabill, Chief, Family and Fertility Statistics Branch, Population Division, U.S. Bureau of the Census, Department of Commerce, Washington, D.C.

Anders S. Lunde, Ph.D., Assistant to the Chief, Division of Vital Statistics, National Center for Health Statistics, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C. (Secretary)

Norman B. Ryder, Professor, Department of Sociology, University of Wisconsin, Madison, Wis.

Statistics Available from Medicolegal Deaths

Appointed - May 1963

Assignment - To outline the kinds of statistics that can be derived on medicolegal deaths by the establishment of uniform records and special protocols for study of specific disease and injury problems from various viewpoints.

Members - Morton Robins, Division of Chronic Diseases, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C. (Chairman)

Margaret Bright, M.D., Associate Professor, School of Hygiene and Public Health, The Johns Hopkins University, Baltimore, Md.

Helen C. Chase, Ph.D., Chief, Mortality Statistics Branch, Division of Vital Statistics, National Center for Health Statistics, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C. (Secretary)

Irvin G. Franzen, Director, Division of Vital Statistics and Records, State Board of Health, Topeka, Kans.

S. R. Gerber, M.D., Coroner, Cuyahoga County, Cleveland, Ohio

William C. James, Division of Accident Prevention, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C.

Rudolph J. Muelling, Jr., M.D., Professor and Director, Division of Legal Medicine and Toxicology, University of Kentucky, Lexington, Ky.

Charles S. Petty, M.D.; Assistant Medical Examiner, Office of the Chief Medical Examiner, State of Maryland Department of Post-Mortem Examiners, Baltimore, Md.

Pauline Stitt, M.D., Children's Bureau, Social Security Administration, Department of Health, Education, and Welfare, Washington, D.C.

Reports of the

UNITED STATES NATIONAL COMMITTEE
ON VITAL AND HEALTH STATISTICS

United States National Committee on Vital and Health Statistics, October 1949

International Recommendations on Definitions of Live Birth and Fetal Death, Public Health Service Publication No. 39, 1950

"Statistics Needed Concerning Fertility," National Office of Vital Statistics, *Vital Statistics—Special Reports*, Vol. 33, No. 11, 1952

"Major Problems in Fetal Mortality," National Office of Vital Statistics, *Vital Statistics—Special Reports*, Vol. 33, No. 13, 1952

Proposal for Collection of Data on Illness and Impairments: United States, Public Health Service Publication No. 333, 1953

"Using Hospital Morbidity Data to Study Morbidity in Communities," *Hospitals*, Vol. 27, No. 9, 1953

"Recommendations for the Improvement of Fetal Death Statistics," *Public Health Reports*, Vol. 70, No. 11, 1955

"Progress in Development of Fertility Statistics and Population Estimates," National Office of Vital Statistics, *Vital Statistics—Special Reports*, Vol. 39, No. 8, 1956

"National Vital Statistics Needs," National Office of Vital Statistics, *Vital Statistics—Special Reports*, Vol. 45, No. 11, 1957

"Fertility Studies Based on Data for the 1960 Census Period," National Office of Vital Statistics, *Vital Statistics—Special Reports*, Vol. 47, No. 5, 1959

Medical Certification of Medicolegal Cases, Public Health Service Publication No. 810, 1960

"Improving National Divorce Statistics," National Office of Vital Statistics, *Vital Statistics—Special Reports*, Vol. 47, No. 13, 1962

The First Annual Report of the United States National Committee on Vital and Health Statistics, Fiscal Year Ending June 30, 1950, Public Health Service Publication No. 40, 1950

United States Statistics on Medical Economics, Public Health Service Publication No. 1125, 1964

Annual Report of the United States National Committee on Vital and Health Statistics, Fiscal Year Ending June 30, 1956

Annual Reports for:

Fiscal Year Ending June 30, 1957

Fiscal Year Ending June 30, 1958

Fiscal Year Ending June 30, 1959

Fiscal Year Ending June 30, 1960

Fiscal Year Ending June 30, 1961

Fiscal Year Ending June 30, 1962

Fiscal Year Ending June 30, 1963